



File Number: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Tax Roll No.: \_\_\_\_\_

**BUILDING PERMIT APPLICATION FORM**

Development Permit No.: \_\_\_\_\_ Estimated Project Completion Date (mm/dd/yyyy): \_\_\_\_\_  
 New Home Warranty No. (if applicable): \_\_\_\_\_ Value of Installation (labour and material): \$ \_\_\_\_\_  
 Permit Applicant:  Owner  Contractor  Work has not started  Work is in progress  Work is complete

**Owner / Applicant:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contractor:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contractor Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Location:** Municipality: Town of Milk River Subdivision Name: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Legal Subdivision: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Directions: \_\_\_\_\_

**Please Provide a Detailed Description of Work:**

TYPE OF OCCUPANCY	TYPE OF WORK	BUILDING AREA
<input type="checkbox"/> Single Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Manufactured/Mobile Home  <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Relocation/Ready to Move <input type="checkbox"/> Change of Occupancy/Use <input type="checkbox"/> Accessory Building <input type="checkbox"/> Deck <input type="checkbox"/> Other: _____	<input type="checkbox"/> Garage <input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Foundation Type: _____ <input type="checkbox"/> Manufactured/Mobile Home CSA No.: _____ AMA No.: _____
		<input type="checkbox"/> ft <sup>2</sup> <input type="checkbox"/> m <sup>2</sup> Main Area: _____ 2 <sup>nd</sup> Floor Area: _____ Basement Area: _____ Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No Garage: _____ Deck: _____ <b>Total Developed Area:</b> _____

**FOIPP Notification:** The personal information required by Town of Milk River application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Town of Milk River at 403-647-3773 or 240 Main Street | Box 270, Milk River T0K 1M0.

Permit Applicant's Name (print) \_\_\_\_\_ Permit Applicant's Signature \_\_\_\_\_ Homeowner's Signature (homeowner permit only) **Homeowner Declaration: By signing this I hereby certify that I own/will own and occupy this dwelling.**

**Office Use Only**

Permit Fee: \$ \_\_\_\_\_ SCC Levy: \_\_\_\_\_ Issuing Officer's Name: \_\_\_\_\_  
 Total Cost: \$ \_\_\_\_\_ (\$4.50 or 4% of the permit fee maximum \$560.00)  
 Receipt No.: \_\_\_\_\_ Designation No.: \_\_\_\_\_  
 Cash  Debit  Cheque Invoiced \_\_\_\_\_ Permit Issue Date (mm/dd/yyyy): \_\_\_\_\_

**Submit your permit application to [contact@parkinspections.com](mailto:contact@parkinspections.com)  
 Please contact Park Enterprises Ltd. for inspections & inquiries.  
 Phone: 1-800-621-5440 Fax: 1-866-406-8484**