



Village of Glendon

PO Box 177
GLEDON AB T0A 1P0
Phone: 780 635 3807
Fax: 780 635 2100
www.villageofglendon.ca

SUBMIT APPLICATION TO:

questions@inspectionsgroup.com
or
Fax: 844 750 3721

The Inspections Group Inc.

#110, 4910 50 Avenue
COLD LAKE AB T9M 0G1
Phone: (780) 594 4301 (888) 853 6411
Fax: (780) 594 3720 (844) 750 3721
www.inspectionsgroup.com

BUILDING PERMIT APPLICATION

Roll Number: _____ Builders Licence: _____
Development Number: _____
Application Date (DD/MM/YYYY): _____ Estimated Project Completion Date (DD/MM/YYYY): _____
Applicant Type: Homeowner Contractor Cost of Installation (Labour & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.
****3 Sets of plans / specifications & payment must accompany this application****

Owner Name: _____ Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
Cell: _____ Email: _____

Owner's Signature / Declaration (Single Family Residential Only)
"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Contractor Name: _____ Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
Cell: _____ Email: _____

Contractor/Architect/Engineer Name Signature

Project Location in the Village of Glendon:
Street Address: _____
Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

BUILDING TYPE:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:
<input type="checkbox"/> Dwelling Unit	<input type="checkbox"/> New Construction	<input type="checkbox"/> Single/Multi Residential	Number of stories _____
<input type="checkbox"/> Detached/Attached Garage	<input type="checkbox"/> Relocation	<input type="checkbox"/> Commercial	Main area _____
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Addition	<input type="checkbox"/> Industrial	2 nd floor _____
<input type="checkbox"/> Basement Development	<input type="checkbox"/> Renovation	<input type="checkbox"/> Institutional	Basement _____
<input type="checkbox"/> Deck	<input type="checkbox"/> Demolition	<input type="checkbox"/> Oil & Gas	Garage _____
<input type="checkbox"/> Wood Burning Stove/Fireplace	<input type="checkbox"/> Change of Use	<input type="checkbox"/> Other (specify) _____	Total Area _____
Certification # _____	<input type="checkbox"/> Manufactured Home*	_____	Deck _____
<input type="checkbox"/> Foundation Type _____	<input type="checkbox"/> Modular Home*	_____	Basement developed at time of construction?
<input type="checkbox"/> Other (specify) _____	*CSA # _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Work: _____

Payment Type: Cash Cheque Credit Interac
Permit Fee: \$ _____
+ SCC Levy*: \$ _____
Total Cost: \$ _____ Receipt #: _____
*\$4.50 or 4% of the permit fee maximum \$560.00

TIGI USE ONLY
Issuing Officer's Name: _____
Issuing Officer's Signature: _____
Designation Number: _____
Permit Issue Date: _____

PLEASE CONTACT THE INSPECTIONS GROUP INC FOR INSPECTIONS. PRIOR TO COVER OR CONCEALMENT ALLOWING TWO WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.
The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.



CREDIT CARD AUTHORIZATION FORM

Sign and complete this form to authorize The Inspections Group Inc to debit your credit card.

CREDIT CARD INFORMATION	
Payment Type: <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Amex	
Cardholder Name (as shown on card)	
Card Number	
Expiry Date	CVV#
Signature	Date
CONTACT INFORMATION	
Company Name or Owner Name	
Mailing Address	
City, Province and Postal Code	
Phone Number	
Email Address	

I authorize The Inspections Group Inc to keep my information on file for future transactions

The personal information provided is collected under the Freedom of Information and Protection of the Privacy Act. The information is required and will be used for issuing permits and safety codes compliance verification and monitoring. If you have any questions about the collection or use of the personal information provided, please contact our office.

The Inspections Group Inc.

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Fax: 780 454 5222

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