Box 177 Glendon, AB T0A 1P0
P: 780-635-3807 F: 780-635-2100
Please call Village Office to book inspection. A minimum of 48 hours notice is required

VILLAGE OF GLENDON BUILDING PERMIT

BUILDING LABEL

Roll #:	Development Permit #:	Date of issue:				
LAND LOCATION: PLAN	BLK LOT	PART	1/4 SEC	TWP	RG	W4M
Civic Address:	Z	oning:				
Applicant Name:		Phone #:				
Mailing Address:	Postal Code:					
Registered Owner Name:	Phone #:					
Mailing Address:	Postal Code:					
Contractor (if applicable):						
Architect/Engineer (if applicable	e):					_
Project Description:						
SFD SFD with garage	☐ Detached Garage ☐ RTM	RTM with gar	age 🗌 Modi	ular Home	Mobil	e Home
☐ Wood stove ☐ Deck ☐	Basement Dev. Residenti	al Shop 🔲 Ind	ustrial/Comm	ercial Shop	Re	moval
Addition to] Other:				
Square Footage:	Building Value: \$	1	intended use:	×		
Required for all Single Family Dwe Homes (includes Modular & RTM)	Varranty Information: Not Require Ellings, Duplexes, Multi-family Homes (Coption: (Date Received)	, Condominiums, S				
The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The permit will expire in one year. Owner's signature/declaration (homeowner permits only) "I hereby declare I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and assume responsibility for compliance with the applicable Act and Regulations. For inspections, 48 hours' notice is required.						
3						
Permit Holder Signature:		Estimated Star	t Date:			
Permit Holder Name:		Estimated Com	pletion Date	:		
Designated SCO Name:		Job Value: Permit Fee:				
Designation #:		Admin Fee:				
SCO Signature:		SCC Fee: Total Permit Fe				
OFFICE US		Payment:			nterac	