



Town of Vulcan
 Box 360
 Vulcan, AB T0L 2B0
 Ph. 403.485.2417 Fax 403.485.2914

Building Permit Application

Permit Label

Other Permits Required: Electrical Plumbing Gas PSDS

New Home Buyer Protection Act Registration Number (NHBPA): _____

Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

Estimated Completion Date (M/D/Y): _____

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

Contractor: _____ **Mailing Address:** _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____
 Alt Phone: _____ Email Address: _____ Fax: _____

Project Location: Street Address: _____
 Lot: _____ Block: _____ Plan: _____ Subdivision Name _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Tax Roll #: _____
 Directions: _____

Architect and/or Engineer (if applicable): _____ Phone: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas
Type of Work: New Renovation Addition Accessory Building Basement Dev. Manufactured Home RTM (Ready to Move)
 Secondary Suite Change of Use/Occupancy Wood Stove Deck Demolition Other _____
 sq. m. sq. ft. No. of Stories: _____ Building Classification: _____
 Main Area: _____
 2nd Floor Area: _____
 Basement Area: _____
 Garage Area: _____
 Developed Yes No
 Detached Attached

Detailed Description of Work and/or intended use or occupancy of the building:

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information of Privacy Act.

Permit Applicant Name (Please print) _____ Permit Applicant Signature _____ Homeowner's Signature (Homeowner permits only) _____

Project Value (Materials & Labour): \$ _____ **Total Developed Area:** _____ Sq. Ft.
Permit Fee: \$ _____ (SCCI \$ _____ Town \$ _____) *SCC Levy: \$ _____ **TOTAL FEE:** \$ _____
 *SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560
 Payment Method: Visa M/C Debit Cheque Cash Authorization / Cheque Number _____
 Credit Card #: _____ Expiry Date: _____ Date of Authorization: _____
 Name of Cardholder: _____ Signature of Cardholder: _____

Permit Validation Section to be completed by the Building Safety Codes Officer:
 Special Conditions: _____
 SCO's Name (print or type) _____ SCO's Signature _____
 SCO's Designation Number _____ Date of Issue (M/D/Y): _____



INSPECTION REQUESTS please contact Superior Safety Codes at:
 Ph. 403-320-0734 or 1-877-320-0734 Fax 403-320-9969
 Allow 48 hours notice for inspection