



**Municipality of Crowsnest Pass**

8502 19 Avenue  
Coleman, AB  
Box 600, Crowsnest Pass, T0K 0E0  
Phone: 403-562-8833

reception@crowsnestpass.com



**BUILDING PERMIT APPLICATION FORM**

Internal File Number: \_\_\_\_\_

Business Licence Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type:  Homeowner  Contractor

Cost of Installation (Market Value) \$ \_\_\_\_\_

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.

**\*\*2 Sets of plans / specifications OR 1 set of PDF plans / specifications & payment must accompany this application\*\* (Residential projects require New Home Warranty)**

Check if Owner is the same as Applicant

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" **New Home Buyer Registration #:** \_\_\_\_\_ **Status:**  Approved  Authorized / Exempt

Applicant:  Owner  Contractor  Lawyer  Other

Check if Contractor is the same as Applicant

Company Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor/Architect/Engineer Name

Signature

**Project Location in the Municipality of Crowsnest Pass:**

**Work:**  not started  in progress  complete

Street Address: \_\_\_\_\_

Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

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

**BUILDING TYPE:**

- Dwelling Unit
- Detached/Attached Garage
- Accessory Building
- Basement Development
- Deck
- Wood Burning Stove/Fireplace

Certification # \_\_\_\_\_

Foundation Type

Other (specify)

**TYPE OF WORK:**

- New Construction
- Relocation
- Addition
- Renovation
- Demolition
- Change of Occupancy
- Manufactured Home\*

Development # \_\_\_\_\_

Modular Home\*

\*CSA # \_\_\_\_\_ AB#: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

S/N: \_\_\_\_\_

**BUILDING USE:**

- Farm
- Single/Multi Residential
- Commercial
- Industrial
- Institutional
- Oil & Gas
- Other (specify)

**BUILDING AREA IN SQ. FT.:**

Number of stories \_\_\_\_\_

Main area \_\_\_\_\_

2<sup>nd</sup> floor \_\_\_\_\_

Basement \_\_\_\_\_

Garage \_\_\_\_\_

Total Area \_\_\_\_\_

Deck \_\_\_\_\_

Front Porch \_\_\_\_\_

Basement developed at time of construction?

Yes  No

Description of Work: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

+ SCC Levy\*: \$ \_\_\_\_\_

Additional Fee: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

\*\$4.50 or 4% of the permit fee maximum \$560.00

**Office Use Only**

Wildland Urban Interface Rating: \_\_\_\_\_

Tax Roll: \_\_\_\_\_

Development Permit Number: \_\_\_\_\_

**The Inspections Group Inc.**

2825 18 Avenue N  
Lethbridge, AB T1H 6T5  
Phone: 587-787-4143 Toll Free: 1-888-852-3558  
Fax: 587-787-4142 Toll Free: 1-888-852-3557  
south@inspectionsgroup.com

**PLEASE REMIT PAYMENT AND APPLICATION TO MUNICIPALITY OF CROWSNEST PASS**

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.



# BUILDING Safety Codes

## Solid Fuel Burning Appliances - Permit Information Sheet

**Refer to Safety Codes Council Publication** – Solid Fuel Burning appliances before completing application.

Manufacturers Name: \_\_\_\_\_

Model Number: \_\_\_\_\_

Location: \_\_\_\_\_

Certification:           None           U.L.C.           WHI           CSA

Type of Appliance:     Freestanding – Shielded / Unshielded

### **Clearances from combustibles:**

Manufacturers Manual: Front: \_\_\_\_\_ "   Rear: \_\_\_\_\_ "   R. Side: \_\_\_\_\_ "   L. Side: \_\_\_\_\_ "

Actual:                   Front: \_\_\_\_\_ "   Rear: \_\_\_\_\_ "   R. Side: \_\_\_\_\_ "   L. Side: \_\_\_\_\_ "

Floor Clearances or Protection description: \_\_\_\_\_

Chimney type:           Masonry/Concrete    CAN/ULC-S629-“650°C Factory Built Chimney”

Extends required height above roof: \_\_\_\_\_

Flue Pipe Clearances: \_\_\_\_\_

Flue type material: \_\_\_\_\_

Flue pipe connection acceptable:   Yes    No

Combustion Air provided:   Yes    No

Carbon Monoxide alarms Installed:   Yes

Please draw or additionally provide a floor plan of the room the appliance will be installed.  
(Include dimensions/clearances to Appliance).

## TYPICAL ARRANGEMENT FOR A WOODSTOVE INSTALLATION

