Summer Village of Seba Beach PO Box 190

SEBA BEACH AB TOE 2B0 Phone: (780) 797 3863 Fax: (780) 797 3800 www.sebabeach.ca

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The Inspections Group Inc.

12010 – 111 Avenue NW EDMONTON AB T5G 0E6 Phone: (780) 454 5048 Toll Free: (866) 554 5048 Fax: (780) 454 5222 Toll Free: (866) 454 5222 www.inspectionsgroup.com

	BUILDING PERM	IT APPLICATION FORM		
			Permit #:	
Application Date: DD / MMM / YYYY		Estimated Project Completion Date: DD / MMM / YYYY		
Applicant Type: Homeowner		-	bour & Material) \$ if the undertaking to which it applies: (a) is not commenced within 90	
days of issue of the permit, (b) is suspended or a	bandoned for a period of 120 days." An extension ca DF of plans / specifications & payment mu	n be considered when applied for in writing pri		
		· · · ·		
City:	Prov Postal Code:	Phone:	Fax:	
Owner's Signature / Declaration (Sing "I hereby declare I am the owner of the for compliance with the applicable Act ar	Ie Family Residential Only) premises in which the work will be conducted		Email: ty. I am doing the work myself, and assume responsibility	
Company Name:		Mailing Address:		
City:	Prov: Postal Code:	Phone:	Fax:	
Cell:	Email:			
Contractor/Architect/E	ngineer Name		Signature	
Project Location in the Summer Villag	ge of Seba Beach:		Work: I not started I in progress I complete	
Street Address:				
Legal Subdivision: Part of:	Section: T	ownship: Range:	West of:	
Subdivision Name:	ե	ot: Block:	Plan:	
Directions:				
BUILDING TYPE:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:	
Dwelling Unit	New Construction	☐ Farm	Number of stories	
Detached/Attached Garage	Relocation	Single/Multi Residential	Main area	
Accessory Building	Addition	Commercial	2 nd floor	
Basement Development	Renovation	Industrial	Basement	
Deck	Demolition	Institutional	Garage	
Solid fuel burning appliance	Change of Occupancy	🔲 Oil & Gas	Total Area	
Certification #	Manufactured Home*	Other (specify)	Deck	
Foundation Type	Modular Home*			
			Basement developed at time of construction?	
Other (specify)	Development #	-	Yes No	
*Manufactured Home – transportable in	ormance Trade-Off Prescriptive single or multiple sections; is ready for reside ections; sections have no chassis, running ge		up.	
I the permit applicant understand and ac stages will take place at my request. one additional inspection stage with p	knowledge the selected inspection FOUN Single family dwellings include	DATION FRAMING INSULATIO	Accept (*Required)	
	(Applicant Signature) Select	ONE at minimum, additional may be	e selected at \$85/Inspection (plus Levy)	
Payment Type: Cash Ct	neque 🔲 C/C Agreement 🗌 Intera		TIGI OFFICE USE ONLY Issuing Officer's Name:	
Permit Fee: \$		Issuing Officer's Signature:	Issuing Officer's Signature:	
+ SCC Levy*: \$		Designation Number:		
			Permit Issue Date: DD / MMM / YYYY	
*\$4.50 or 4% of the permit fee maximum \$560.00				
PLEASE CONTACT THE I		PLICATION TO THE INSPECTIONS G ONS ALLOWING 2 – 5 WORKING DA	ROUP INC. YS 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.