

Building Permit Application

Permit Label

 Separate permit applications are required for: 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: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Email Address: _____ Fax: _____

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

Project Location: Name of Municipality: _____
 Street or Rural Address: _____ Subdivision or Hamlet Name: _____
 Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
 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: \$ _____ ***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: _____

Permit Validation Section to be completed by the Building Safety Codes Officer: **Inspecting SCO:** _____

Special Conditions: _____

 SCO's Name (print or type) SCO's Signature
 SCO's Designation Number _____ Date of Issue (M/D/Y): _____

Calgary	25, 2015 – 32 Avenue NE	T2E 6Z3	Ph: 403.717.2344	Toll Free Ph: 1.888.717.2344	Fax: 403.717.2340	Toll Free Fax: 1.888.717.2340
Edmonton	14613 – 134 Avenue	T5L 4S9	Ph: 780.489.4777	Toll Free Ph: 1.866.999.4777	Fax: 780.489.4711	Toll Free Fax: 1.866.900.4711
Lethbridge	422 North Mayor Magrath Dr.	T1H 6H7	Ph: 403.320.0734	Toll Free Ph: 1.877.320.0734	Fax: 403.320.9969	
Lloydminster	Unit 2, 1724 – 50 Avenue	T9V 0Y1	Ph: 780.870.9020		Fax: 780.870.9036	
Red Deer	3, 6264 – 67A Street	T4P 3E8	Ph: 403.358.5545	Toll Free Ph: 1.888.358.5545	Fax: 403.358.5085	Toll Free Fax: 1.866.358.5085

Electrical Permit Application

Permit Label

Other Required Permits: Building Plumbing Gas PSDS Supply Service Required: Yes No

Permit Type: Owner Contractor Development Permit Number: _____

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

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

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

Project Location: Name of Municipality: _____
 Street or Rural Address: _____ Subdivision or Hamlet Name: _____
 Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
 Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas

Type of Work: New Renovation Addition Accessory Building Basement Dev. Connection Only Temp Service Other

Type of Service: Amps: _____ Voltage: _____ Phase: _____ U/G O/H **Main Floor:** _____ sq. ft.
2nd Floor: _____ sq. ft.
Dev. Basement: _____ sq. ft.
Garage: _____ sq. ft.
 Detached Attached

Detailed Description of Work:

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 and Protection of Privacy Act.

 Master's Name (Please print) Master's Signature Homeowner's Signature (Homeowner permits only)

Master's Certification Number _____ **Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.**

Project Value (Materials & Labour): \$ _____ **Total Developed Area:** _____ Sq. Ft

Permit Fee: \$ _____ ***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 Permit Issuer: **Inspecting SCO:** _____

Special Conditions: _____

 Permit Issuer's Name (print or type) Permit Issuer's Signature

Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____

Gas Permit Application

Permit Label

 Other Required Permits: Building Electrical Plumbing PSDS

 Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

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

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

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

Project Location: Name of Municipality: _____
 Street or Rural Address: _____ Subdivision or Hamlet Name: _____
 Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
 Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas
Type of Work: New Renovation Addition Accessory Building Manufactured Home Temp Heat Replacement
Description of Work: _____

Type of Gas: Natural Gas Propane Name of Gas Supplier: _____
 # Furnaces: _____ # Water Heaters: _____ # Fireplaces: _____ # Dryers: _____ # Boilers: _____ # Unit Heaters: _____
 # BBQ's: _____ # Ranges _____ # Other Outlets: _____ # Secondary Gas Lines: _____ **Total # of Outlets:** _____
 BTU Input (Non-residential): _____ **Total Developed Area** _____

Propane Tank Sets: New Existing #Tank Sets: _____ Tank Size: _____
 Serial Number(s): _____

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 and Protection of Privacy Act.

Journeyman's Name (Please print) _____ Journeyman's Signature _____ Homeowner's Signature (Homeowner permits only) _____
 Journeyman's Certification Number: _____ **Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.**

Permit Fee: \$ _____ ***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 Permit Issuer: **Inspecting SCO:** _____
 Special Conditions: _____
 Permit Issuer's Name (print or type) _____ Permit Issuer's Signature _____
 Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____

Plumbing Permit Application

Permit Label

 Other Required Permits: Building Electrical Gas PSDS

 Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

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

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

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

Project Location: Name of Municipality: _____
 Street or Rural Address: _____ Subdivision or Hamlet Name: _____
 Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
 Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas
Type of Work: New Renovation Addition Accessory Building RTM (Ready to Move) Basement Dev. Connection Other
Description of Work: _____

Plumbing (Insert number of each item):			Total Developed Area _____
# Kitchen Sinks: _____	# Laves/Wash Basins: _____	# Showers: _____	# Laundry Tubs: _____
# Toilets: _____	# Washing Machine: _____	# Bathtubs: _____	# Floor Drains: _____
# Sumps: _____	# Bar Sink: _____	# Urinals: _____	# Other Fixtures: _____
# of Drops (Mobile): _____	# Water/Sewer Connection: _____	Total # of Fixtures: _____	

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 and Protection of Privacy Act.

Journeyman's Name (Please print) _____	Journeyman's Signature _____	Homeowner's Signature (Homeowner permits only) _____
Journeyman's Certification Number _____	Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.	

Permit Fee: \$ _____ ***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 Permit Issuer: **Inspecting SCO:** _____

Special Conditions: _____

Permit Issuer's Name (print or type) _____	Permit Issuer's Signature _____
Permit Issuer's Designation Number: _____	Date of Issue (M/D/Y): _____

Private Sewage Disposal Permit Application

Permit Label

 Other permits that may be required: Building Electrical Gas Plumbing

 Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

Estimated Installation 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:
 Municipality: _____ Street Address: _____
 Unit #: _____ Lot: _____ Block: _____ Plan: _____ Subdivision or Hamlet _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____ Tax Roll #: _____
 Directions: _____

System Design Criteria (complete all applicable items): **Soil Log Report from two (2) test pits with Soil Analysis Report** (attach copy)
Expected Volume of Effluent: _____ cubic meters per day gallons per day liters per day **Number of bedrooms** _____
Project Type: Commercial (Conventional) Industrial (Conventional) Residential (Conventional) **Depth to Water Table** _____
 Commercial (Advanced) Industrial (Advanced) Residential (Advanced) **Work Camp # of Men** _____

SITE EVALUATION DIAGRAM: Attach a **detailed** site diagram including the system location in relation to buildings, distance to water supply and/or surface water bodies, and other pertinent information **(AS PER PART 7 OF THE CURRENT PRIVATE SEWAGE STANDARD OF PRACTICE)**.

Project Information: New Installation Alteration **Description of Work:** _____
Components Used: Septic Tank; Working Capacity Size _____ Lagoon Packaged Sewage Treatment Plant
 Holding Tank; Size _____ Open (surface) discharge At Grade
 Disposal Field; Size _____ Treatment Mound; Size _____ Sand Filter

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 and Protection of Privacy Act.

 Installer's Name (please print) _____ Installer's Signature _____ Homeowner's Signature (Homeowner permits only) _____
 Private Sewage Installer's Certification Number: **PS** _____ **Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.**
Permit Fee: \$ _____ ***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 Plumbing Safety Codes Officer:
 Special Conditions: _____

 SCO's Name (print or type) _____ SCO's Signature _____
 SCO's Designation Number: _____ Date of Issue (M/D/Y): _____

Permit Number: _____

Name: _____

Date: _____

Private Sewage System Site Evaluation Diagram

Legal Description: _____

↑N													<p>Show the proposed location of the onsite sewage system and indicate the distances from the following:</p> <ul style="list-style-type: none"> • trees • floodplains • wells • waste sources • bedrock • outcrops • buildings • property lines • easement lines • ditches or interceptors • banks or steep slopes • fills • driveways • existing sewage systems • underground utilities • soil test pits
drainage course 	slope direction 	Test Pit 1 <input type="checkbox"/>	Test Pit 2 <input type="checkbox"/>										

Note: Additional information is required to be submitted separately for the system design detail.

Permit Number: _____

Name: _____

Date: _____

Alberta Private Sewage Treatment System Soil Profile Log Form

Owner Name or Job ID											
Legal Land Location								Test pit			
LSD – ¼	Sec	Twp	Rg.	Mer.	Lot	Block	Plan	Easting		Northing	
Vegetation Notes:						Overall Site Slope %					
						Slope position of test pit					

Test Hole No.	Soil Subgroup			Parent Material		Drainage		Depth of Lab (sample #1)		Depth of Lab (sample #2)	
Horizon	Depth (cm) (in)	Texture	Lab or HT	Color	Gleying	Mottling	Structure	Grade	Consistence	Moisture	%Coarse Fragment

Depth to Groundwater:	Limiting Soil Layer Characteristic, describe:
Depth to Seasonally Saturated Soil:	Depth to Limiting Soil Layer:
Limiting Topography:	Depth to Highly Permeable Layer:

Key Limiting Features on System Design:
Weather Condition Notes:
Comments (such as root depth and abundance or other pertinent observations):

Alberta Private Sewage Treatment System Soil Profile Log Form

Owner Name or Job ID											
Legal Land Location								Test pit			
LSD – ¼	Sec	Twp	Rg.	Mer.	Lot	Block	Plan	Easting		Northing	
Vegetation Notes:						Overall Site Slope %					
						Slope position of test pit					
Test Hole No.	Soil Subgroup			Parent Material			Drainage		Depth of Lab (sample #1)		Depth of Lab (sample #2)
Horizon	Depth (cm) (in)	Texture	Lab or HT	Color	Gleying	Mottling	Structure	Grade	Consistence	Moisture	%Coarse Fragment
Depth to Groundwater:					Limiting Soil Layer Characteristic, describe:						
Depth to Seasonally Saturated Soil:					Depth to Limiting Soil Layer:						
Limiting Topography:					Depth to Highly Permeable Layer:						
Key Limiting Features on System Design:											
Weather Condition Notes:											
Comments (such as root depth and abundance or other pertinent observations):											