

CITY OF CHESTERMERE USE PERMIT CHECKLIST FOR NON-RESIDENTIAL DEVELOPMENT

COMMUNITY GROWTH & INFRASTRUCTURE
105 MARINA ROAD, CHESTERMERE AB, T1X 1V7

RECEIVED DATE STAMP

All of the following information must be clear, legible, and precise to facilitate thorough evaluation and timely decision on your application. To achieve this level of customer service, staff are instructed to accept only complete applications. The fee must accompany this application. Thank you for your cooperation.

PROJECT ADDRESS: _____ PERMIT NO.: _____

Please ensure that you have included all the following information, where applicable (tick or mark N/A):

PROJECT NAME	ZONING	BUILDING HEIGHT METRIC _____
PROPOSED USE OF PREMISE	TOTAL AREA OF BUSINESS METRIC _____	
PREVIOUS USE OF PREMISE	AREA OF CONSTRUCTION METRIC _____	
<input type="checkbox"/> EXISTING TENANTS <input type="checkbox"/> FIRST TENANTS <input type="checkbox"/> NEW TENANTS		NO. OF STOREYS

DEVELOPMENT & BUILDING PERMIT REVIEW

APPLICANT
ONLY

OFFICE
ONLY

Development Permit Application Form (completed/signed)			
Building Permit Application Form (completed/signed)			
Fees Calculated & Paid (Receipt received)			
Letter of Permission from Landowner (if DP form not signed)			
Set of Digital PDF Application Drawings to be supplied after paper submission			
Application for Occupancy Form (completed/signed)			
Four (4) 11" x 17" copies of the following plans and construction drawings showing:			
SITE PLAN	• Proposed location and scope of development		
	• Adjacent existing uses, buildings, and roads		
	• Adjacent parking stalls and/or bicycle racks		
	• Adjacent natural features, landscaping, exterior lighting		
FLOOR PLANS	• Dimensions and use of rooms, including seating plans (restaurant)		
	• Walls to be constructed, removed, and remaining		
	• Location/type of fire extinguishers, exit lights, emergency lighting		
	• Adjacent uses and/or businesses		
	• Barrier-free washroom(s) clearly dimensioned		

ELEVATIONS	• Exterior lighting, landscaping		
	• Proposed locations of future signage		
	• Any bicycle racks, utility screening		
	• Any changes to the exterior construction, materials, features		
	• Number of storeys, height (m), and overall building area clearly dimensioned		
No. of Parking Stalls required as per Part 8 of the <i>current Land Use Bylaw</i>			
Seating Capacity if Restaurant or Drinking Establishment			
Plans must be stamped/drawn by certified professional (ie. architect, engineer, etc.)			
		APPLICANT ONLY	OFFICE ONLY

FOR OFFICE USE ONLY		
Type of Use as per <i>LUB</i>	Calculated No. of Parking Stalls	Advertising Dates FROM TO

ADDITIONAL INFORMATION:

By signing below, the applicant/landowner certifies that all necessary documents/requirements listed above have been submitted as a complete Development and Building Permit application. The applicant/landowner is aware that the permit application will be returned as refused forty (40) days after the submission date of the permit, if the application is deemed incomplete by the reviewing Development Officer.

 PRINTED NAME OF APPLICANT

 SIGNATURE OF APPLICANT

 DATE SIGNED

 PRINTED NAME OF REVIEWER

 SIGNATURE OF DEVELOPMENT OFFICER

 DATE REVIEWED

FOIP Notification: The personal information you provide on this form is being collected under the authority of Section 640(2) of the *Municipal Government Act* and Section 32(b) and 32(c) of the *Freedom of Information and Protection of Privacy Act* and is protected by the privacy provision of these acts. This information will be used to determine eligibility for a development permit and for enforcement of applicable laws and may be circulated to persons or authorities as necessary for the review process. If you have any questions about the collection of this information please contact the FOIP coordinator, 105 Marina Road, Chestermere, AB T1X 1V7 (403) 207-7075.



CITY OF CHESTERMERE

COMMUNITY GROWTH & INFRASTRUCTURE

105 Marina Road, Chestermere, AB T1X 1V7

Ph (403) 207-7075 Fax (403) 207-2817

APPLICATION FOR DEVELOPMENT PERMIT

ROLL NO.

I/We hereby make application under the provisions of the current Land Use Bylaw for a Development Permit in accordance with the plans and supporting information submitted herewith and form part of this application.

APPLICANT INFORMATION			COMPLETE IF DIFFERENT FROM APPLICANT		
NAME OF APPLICANT			NAME OF REGISTERED LAND OWNER		
ADDRESS			ADDRESS		
POSTAL CODE	TELEPHONE (Res)	(Bus.)	POSTAL CODE	TELEPHONE (Res)	(Bus.)
E-MAIL ADDRESS OF APPLICANT					

LAND INFORMATION

Legal description of proposed development site:

REGISTERED PLAN NO.	BLOCK	LOT	OR	QTR./L.S.	SEC.	TWP.	RG.	M.
---------------------	-------	-----	----	-----------	------	------	-----	----

Civic Address of Proposed Development _____

Describe the existing use of the land: _____

Land Use Classification: _____

DEVELOPMENT INFORMATION

Describe the proposed use of the land: _____

Estimate the
project:

COMMENCEMENT DATE

COMPLETION DATE

CONSTRUCTION COSTS

\$

Attached is: (a) Site Plan: ☐ Yes ☐ No ☐ N/A; (b) Floor Plan: ☐ Yes ☐ No ☐ N/A

DECLARATION

I/WE HEREBY DECLARE THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY/OUR KNOWLEDGE, FACTUAL AND CORRECT.

DATE

SIGNATURE OF APPLICANT

NOTE:

Signature of Registered Land
Owner required if different

DATE

SIGNATURE OF REGISTERED LAND OWNER

FEES

GL 1-61-00-528-00

Development Permit Fee: \$ _____

Advertising Fee: \$ _____

Others: \$ _____

Total Fee: \$

\$

FOIP Notification: The personal information you provide on this form is being collected under the authority of Section 640(2) of the *Municipal Government Act* and Section 32(b) and 32(c) of the *Freedom of Information and Protection of Privacy Act* and is protected by the privacy provision of these acts. This information will be used to determine eligibility for a development permit and for enforcement of applicable laws and may be circulated to persons or authorities as necessary for the review process. If you have any questions about the collection of this information please contact the FOIP coordinator, 105 Marina Road, Chestermere Alberta T1X 1V7 (403) 207-7050

Submission of a duly signed development permit application authorizes the Development Officer and/or designated City's employee to enter the property to carry out inspections necessary for this development.



BUILDING PERMIT APPLICATION

COMMUNITY GROWTH & INFRASTRUCTURE

105 Marina Road, Chestermere, Alberta T1X 1V7

Phone: 207-7075 Fax: 207-2817

www.chestermere.ca

DATE STAMP

(Office use only)

Permit #

(Office use only)

THE BUILDING PERMIT FEE SHALL BE DOUBLED IF CONSTRUCTION (INCLUDING EXCAVATION) COMMENCES PRIOR TO THE ISSUANCE OF A BUILDING PERMIT.

MUNICIPAL ADDRESS: _____ LOT _____, BLOCK _____, PLAN _____ ZONING _____

TYPE OF DEVELOPMENT ☐ Residential ☐ Industrial ☐ Commercial ☐ Institutional ☐ Demolition ☐ Other

IF RESIDENTIAL: ☐ Single Family Dwelling ☐ Semi-Detached Dwelling ☐ Condo/Town ☐ Showhome ☐ Detached Garage ☐ Deck/Stairs ☐ Basement Dev. ☐ Renovation ☐ Addition
☐ Wood Burning Stove/Fireplace ☐ Demolition ☐ Secondary Suite ☐ Other

IF COMMERCIAL: ☐ New Building ☐ Addition ☐ CRU (Renovation) ☐ CRU (New) ☐ Application For Occupancy (AFO)

Name of Establishment: _____

Note: COMMERCIAL PERMITS REQUIRE ALL NECESSARY SCHEDULES TO BE PROVIDED AS REQUIRED.

Estimated Developed Floor Area _____ Estimated Cost of Construction _____

Owner _____	E-mail address _____
Address _____	City/Town _____ Postal Code _____
Cell _____ Home _____	Work _____ Fax _____
Contractor _____	E-mail address _____
Address _____	City/Town _____ Postal Code _____
Cell _____ Home _____	Work _____ Fax _____
Applicant _____	E-mail address _____
Address _____	City/Town _____ Postal Code _____
Cell _____ Home _____	Work _____ Fax _____

TERMS AND CONDITIONS: This application form must be accompanied by a complete application package (checklist, plot plan, construction drawings, etc.) Notwithstanding, the owner is solely responsible for ensuring compliance with the current National Building Code—Alberta, current City of Chestermere Building Code, and Land Use Bylaw. Any contravention of either may result in penalties or other enforcement.

I/We hereby make application for Development Review and Building Permit under the provisions of the current Land Use Bylaw, in accordance with the plans and supporting information submitted herewith and form part of this application. By signing this application, I authorize the Safety Codes Officer and/or designated City employees to enter the property to carry out inspections necessary for this development.

I/We hereby declare that the above information is, to the best of my/our knowledge, factual and correct.

Signature of Owner _____

Signature of Applicant _____

OFFICE USE ONLY:

☐ Letter of Authorization from Owner

OTHER PERMITS REQUIRED: ☐ Electrical ☐ Gas ☐ Gas Air Test ☐ Gas Fireplace ☐ Plumbing ☐ W&S ☐ PSDS

The personal information you provide on this form is being collected under the authority of Section 640(2) of the Municipal Government Act and Section 32 (b) and 32(c) of the Freedom of Information and Protection of Privacy Act and is protected by the privacy provision of these acts. This information will be used to determine eligibility for a development/building permit and for enforcement of applicable laws and may be circulated to persons or authorities as necessary for the review process. If you have questions about the collection of this information please contact FOIP coordinator, 105 Marina Road, Chestermere, Alberta T1X 1V7 (403) 207.7050

Updated as of August 2023

PERMIT FEES

Development Review Fee _____

Building Permit Fee _____

Partial Building Permit Fee _____

Post & Pad Inspection Fee _____

Safety Codes Council Fee _____

Application for Occupancy (AFO) Permit Fee _____

Water & Sewer Permit Fee _____

Utility Service _____

Waste Management Fee _____

Performance Deposit _____

Landscaping Deposit _____

Other _____

Grand Total: _____

BUILDING PERMIT # _____

LOCATION ADDRESS		
LOT	BLOCK	PLAN

Commercial Cost Estimate – Low Rise

(New construction, alterations, additions, exterior alterations, renovations)

Note: This cost estimate is based on average construction costs to determine the minimum estimated cost for the purpose of permit application

Item		Area/Quantity	X	Rate	=	Cost
Base Building		sq. m.	X	\$1,591.66	=	\$
Institution (base building and tenant improvements)		sq. m.	X	\$2,505.20	=	\$
Parkade (above grade)		sq. m.	X	\$814.15	=	\$
Parkade (partially above or below grade)	Multi-level	sq. m.	X	\$1,817.30	=	\$
	Single-level	sq. m.	X	\$2,134.28	=	\$
Accessory Buildings (including alterations)		sq. m.	X	\$510.56	=	\$
Tenant Improvements (base building)					=	\$
Tenant Renovations (fire alarm, sprinkler or miscellaneous upgrades, etc.)					=	\$
Others (specify – ex., structural changes, safety or health)					=	\$
Total Estimated Construction Cost					=	\$

Permit Fee Calculation

Total Estimated Construction Cost Round up to the next hundred	\$	X \$10.45		÷ \$1000	=	\$ Minimum of \$100
Partial Permit (optional) (minimum of \$200.00 up to maximum of \$4,516.00)	sq. m.		X	\$1.52	=	\$
Sub Total					=	\$
Safety Codes Council Fee	4% of permit cost (minimum of \$4.50 up to a maximum of \$560.00)				=	\$
Total Building Permit Fee					=	\$



CITY OF CHESTERMERE
105 Marina Road, Chestermere, AB T1X 1V7
Telephone: (403) 207-7075 Fax: (403) 207-2817
Website: www.chestermere.ca

HVAC Permit Application

Muni Permit Number _____

Date of Application: _____ Roll Number: _____

Land Owner Name: _____ Phone Number: _____
Mailing Address: _____ Fax Number: _____
City & Postal Code: _____ Email Address: _____

Contractor Name: _____ Phone Number: _____
Mailing Address: _____ Fax Number: _____
City & Postal Code: _____ Email Address: _____

Municipal Address: _____ Lot _____ Block _____ Plan _____

Project Information: (Please be sure to check one of each)

Type of work: ☐ New Work ☐ Renovation ☐ Temporary ☐ Other (Specify): _____

Intended Use: ☐ Institutional ☐ Industrial ☐ Commercial ☐ Multi-Family
☐ Residential

Is all exhaust rough-in included in the scope of work? ☐ Yes ☐ No ☐ No

Please indicate the total numbers:

Appliances: _____ Make up air units: _____ Furnaces: _____ Air Condition: _____

Roof top units: _____ HRV units and what type _____

Description of work: _____

Total value of labour & materials: _____ Total Developed Area _____ sq.ft.

* 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 that 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."

*** The permit applicant acknowledges that refunds and permit extension requests will be subject to approval."

Please check who the applicant is: ☐ Contractor ☐ Homeowner

Applicant Company Name: _____ Applicant Name (Print): _____

Certification/Journeyman Class & No.: _____ Signature: _____

Mailing Address: _____ Phone Number: _____

City & Postal Code: _____ Email: _____

Permit Validation Section (To be completed by SCO or Issuing Officer)

Payment Method: ☐ Cash ☐ Debit ☐ Cheque ☐ Invoice ☐ Credit Card

Permit Fee: _____ Other Fee: _____ SCC Fee: _____ Total Fee: _____

Permit Conditions: _____

Date of Issue: _____

Credit Card Payment Section

Issuing Officer's Name: _____

Name of Cardholder: _____

Issuing Officer's Designation Number: _____

Card Number: _____

Issuing Officer's Signature: _____

CVV: _____ Expiry Date: _____

(3-digit number)

All Safety Codes Inspection Requests must be sent to inspections@chestermere.ca. To find out the updated schedule of inspection, please go to our website at www.chestermere.ca. A minimum of 48 hours notice is required at all times. Please note that schedule may change without notice.

FOIP Notification: The personal information you provide on this form is being collected under the authority of Section 640(2) of the *Municipal Government Act* and Section 32(b) and 32(c) of the *Freedom of Information and Protection of Privacy Act* and is protected by the privacy provision of these acts. This information will be used to determine eligibility for a development permit and for enforcement of applicable laws and may be circulated to persons or authorities as necessary for the review process. If you have any questions about the collection of this information please contact the FOIP coordinator, 105 Marina Road, Chestermere Alberta T1X 1V7 (403) 207-7050

Updated as of February 2023

**CHESTERMERE**

Community Growth & Infrastructure

105 Marina Road, Chestermere AB T1X 1V7
Telephone: (403)207-7075 Fax: (403)207-2817
Website: www.chestermere.ca

Electrical Permit Application

Muni Permit Number

Date of Application: _____ Roll Number: _____

Land Owner Name: _____ Phone Number: _____
Mailing Address: _____ Fax Number: _____
City & Postal Code: _____ Email Address: _____Contractor Name: _____ Phone Number: _____
Mailing Address: _____ Fax Number: _____
City & Postal Code: _____ Email Address: _____

Municipal Address: _____ Lot _____ Block _____ Plan _____

Project Information: (Please be sure to check one of each)Type of work: ☐ New Work ☐ Renovation ☐ Connection ☐ Temporary ☐ Other (Specify): _____
Intended Use: ☐ Institutional ☐ Industrial ☐ Commercial ☐ Residential ☐ Basement Development
☐ Garage or Small Accessory Building ☐ Other (Specify): _____
Supply Service Required: ☐ Yes ☐ No Service: Amperes: _____ Voltage: _____ Phase: _____Type of Supply Service: ☐ Overhead ☐ Underground ☐ Temporary ☐ Pad TransformerIs the basement or any section of the basement included in your scope of work? ☐ Yes ☐ No

(If yes, indicate the total sq.ft. _____ and indicate the type of room/s _____)

Value of Labour and Materials: _____ Total Developed Area: _____ sq ft. (including basement if applicable)

Description of work: _____

* 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. **Temporary electrical services are valid for 6 months from date of permit issuance.**

** Owner's signature/declaration (homeowner permits only) "I hereby declare that 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."

*** The permit applicant acknowledges that refunds and permit extension requests will be subject to approval."

Please check who the applicant is: ☐ Contractor ☐ Homeowner

Applicant Company Name: _____ Applicant Name (Print): _____

Certification/Journeyman Class & No.: _____ Signature: _____

Mailing Address: _____ Phone Number: _____

City & Postal Code: _____ Email: _____

Permit Validation Section (To be completed by SCO or Issuing Officer)Payment Method: ☐ Cash ☐ Debit ☐ Cheque ☐ Invoice ☐ Credit Card

Permit Fee: _____ Other Fee: _____ SCC Fee: _____ Total Fee: _____

Permit Conditions: _____

Date of Issue: _____ Credit Card Payment Section

Issuing Officer's Name: _____ Name of Cardholder: _____

Issuing Officer's Designation Number: _____ Card Number: _____

Issuing Officer's Signature: _____ CVV: _____ Expiry Date: _____
(3-digit number)**All Safety Codes Inspection Requests must be sent to inspections@chestermere.ca. To find out the updated schedule of inspection, please go to our website at www.chestermere.ca. A minimum of 48 hours notice is required at all times. Please note that schedule may change without notice.****FOIP Notification:** The personal information you provide on this form is being collected under the authority of Section 640(2) of the *Municipal Government Act* and Section 32(b) and 32(c) of the *Freedom of Information and Protection of Privacy Act* and is protected by the privacy provision of these acts. This information will be used to determine eligibility for a development permit and for enforcement of applicable laws and may be circulated to persons or authorities as necessary for the review process. If you have any questions about the collection of this information please contact the FOIP coordinator, 105 Marina Road, Chestermere Alberta T1X 1V7 (403) 207-7050.

Updated as of June 2021

Gas Permit Application

Muni Permit Number

Date of Application: _____ Roll Number: _____

Land Owner Name: _____ Phone Number: _____

Mailing Address: _____ Fax Number: _____

City & Postal Code: _____ Email Address: _____

Contractor Name: _____ Phone Number: _____

Mailing Address: _____ Fax Number: _____

City & Postal Code: _____ Email Address: _____

Municipal Address: _____ Lot _____ Block _____ Plan _____

Project Information: (Please be sure to check one of each)Type of work: ☐ New ☐ Improvement ☐ Other (Specify): _____Intended Use: ☐ Commercial ☐ Residential ☐ Multi-Family ☐ Basement Development ☐ Garage or Accessory Building
☐ Other (Specify): _____Resource Used: ☐ Natural Gas ☐ Propane ☐ Other**Gas (Please indicate number of outlets)**

Furnace: _____ Unit Heaters: _____ Barbeque: _____ Roof Top Units: _____ Water Heater: _____ Boilers: _____ Space Heaters: _____

Dryers: _____ Temp Heat/Generator: _____ Other Outlets: _____ Specify (Others): _____

Total Number of Outlets: _____ Commercial BTU's: _____ Total Developed Area: _____ sq.ft.

☐ Gas Air Test New gas line length: ☐ Above 20ft ☐ Under 20ft

(If the air test fails, a reinspection will be required and a reinspection fee of \$94.50 shall be charged)

Advisory Notice: ALL RANGES REQUIRE ANTI-TIP DEVICE AT INSTALLATION. A minimum of 3/4 inch residential gas line is required.

* 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 that 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. "

*** The permit applicant acknowledges that refunds and permit extension requests will be subject to approval."

Please check who the applicant is: ☐ Contractor ☐ Homeowner

Applicant Company Name: _____ Applicant Name (Print): _____

Certification/Journeyman Class & No.: _____ Signature: _____

Mailing Address: _____ Phone Number: _____

City & Postal Code: _____ Email: _____

Permit Validation Section (To be completed by SCO or Issuing Officer)Payment Method: ☐ Cash ☐ Debit ☐ Cheque ☐ Invoice ☐ Credit Card

Permit Fee: _____ Other Fee: _____ SCC Fee: _____ Total Fee: _____

Permit Conditions: _____

Credit Card Payment Section

CVV: _____ (3-digit number)

Name of Cardholder: _____ Card Number: _____ Expiry Date: _____

All Safety Codes Inspection Requests must be sent to inspections@chestermere.ca. To find out the updated schedule of inspection, please go to our website at www.chestermere.ca.**FOIP Notification:** The personal information you provide on this form is being collected under the authority of Section 640(2) of the *Municipal Government Act* and Section 32(b) and 32(c) of the *Freedom of Information and Protection of Privacy Act* and is protected by the privacy provision of these acts. This information will be used to determine eligibility for a development permit and for enforcement of applicable laws and may be circulated to persons or authorities as necessary for the review process. If you have any questions about the collection of this information please contact the FOIP coordinator, 105 Marina Road, Chestermere Alberta T1X 1V7 (403) 207-7050.

Updated as of April 2024

Plumbing Permit Application

Muni Permit Number

Date of Application: _____		Roll Number: _____	
Land Owner Name: _____		Phone Number: _____	
Mailing Address: _____		Fax Number: _____	
City & Postal Code: _____		Email Address: _____	
Contractor Name: _____		Phone Number: _____	
Mailing Address: _____		Fax Number: _____	
City & Postal Code: _____		Email Address: _____	
Municipal Address: _____ Lot _____ Block _____ Plan _____			
Project Information: (Please be sure to check one of each)			
Type of work: <input type="checkbox"/> New <input type="checkbox"/> Improvement <input type="checkbox"/> Other (Specify): _____			
Intended Use: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-family <input type="checkbox"/> Basement Development			
<input type="checkbox"/> Garage or Small Accessory Building <input type="checkbox"/> Other (Specify): _____			
Fixtures (Please indicate number of roughed in fixtures)			
Kitchen sink: _____	Water Closets: _____	Backwater Valve: _____	Laundry Standpipe: _____ Wash Basins: _____
Floor Drains: _____	Sump Pump: _____	Hose Bibs: _____	Bath Tubs: _____ Auto Washers: _____ Showers: _____
Bar Sinks: _____	Dishwasher: _____	Irrigation: _____	Cross Control Device: _____ Other: _____
Total Value of Labour & Materials: _____ Total Developed Area: _____ sq.ft. Total # of Fixtures: _____			
<p>* 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.</p> <p>** Owner's signature/declaration (homeowner permits only) "I hereby declare that 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. "</p> <p>*** The permit applicant acknowledges that refunds and permit extension requests will be subject to approval."</p>			
Please check who the applicant is: <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner			
Applicant Company Name: _____		Applicant Name (Print): _____	
Certification/Journeyman Class & No.: _____		Signature: _____	
Mailing Address: _____		Phone Number: _____	
City & Postal Code: _____		Email: _____	
Permit Validation Section (To be completed by SCO or Issuing Officer)			
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Invoice <input type="checkbox"/> Credit Card			
Permit Fee: _____		Other Fee: _____ SCC Fee: _____ Total Fee: _____	
Permit Conditions: _____			
Credit Card Payment Section			
Name of Cardholder: _____		Card Number: _____	
		CVV: _____ Expiry Date: _____	
		(3-digit number)	

All Safety Codes Inspection Requests must be sent to inspections@chestermere.ca. To find out the updated schedule of inspection, please go to our website at www.chestermere.ca. A minimum of 48 hours notice is required at all times. Please note that schedule may change without notice.

FOIP Notification: The personal information you provide on this form is being collected under the authority of Section 640(2) of the *Municipal Government Act* and Section 32(b) and 32(c) of the *Freedom of Information and Protection of Privacy Act* and is protected by the privacy provision of these acts. This information will be used to determine eligibility for a development permit and for enforcement of applicable laws and may be circulated to persons or authorities as necessary for the review process. If you have any questions about the collection of this information please contact the FOIP coordinator, 105 Marina Road, Chestermere Alberta T1X 1V7 (403) 207-7050.

Updated as of April 2024