

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



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			<i>COMPLETE IF DIFFERENT FROM APPLICANT</i>		
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.
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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 \$
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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 _____

Letter of Authorization from Owner

OFFICE USE ONLY:

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

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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					= \$

APPLICATION FOR OCCUPANCY

FEE: \$200.00 SCC: \$8.00
FEE (Multi-Family Homes): Number of units x \$200 + SCC fees (4%)
Total Fee: _____
A

BUILDING PERMIT NUMBER		DEVELOPMENT PERMIT NUMBER	
DECLARATION			
I _____ OF _____ (NAME)		(ADDRESS)	
CITY _____ PROVINCE _____			
DECLARE THAT I AM THE: <input type="checkbox"/> Registered Owner <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Authorized Tenant of the Registered Owner <input type="checkbox"/> Other (including purchaser)			
and hereby make application for a Permit to occupy the building or portion of the building herein described.			
APPLICANT EMAIL _____		APPLICANT PHONE _____	
BUSINESS NAME _____		OCCUPANCY DESCRIPTION (i.e., nail salon, restaurant, base building for CRU)	
LOCATION ADDRESS			POSTAL CODE
LEGAL DESCRIPTION	PLAN	BLOCK	LOT(S)
PROPERTY OWNER			PHONE NUMBER
ADDRESS			POSTAL CODE
CITY		PROVINCE	EMAIL
I further declare that the building and/or portion of the building meets the requirements set out in the Alberta Building Code and where applicable conditions set out under examined Building Permit Application, Use Permit Application, and Development Permit Application.			
APPLICANT'S SIGNATURE			DATE YYYY MM DD

B

Where required, a signature of the authority(ies) noted below must be obtained prior to final approval by the Building Inspector. An Occupancy Permit shall be issued following approval by the Building Inspector.				
Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Development Officer 403-207-7097	Name (Please Print)	Signature	DATE YYYY MM DD
Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing & Gas Inspector 403-207-7097	Name (Please Print)	Signature	DATE YYYY MM DD
Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical Inspector 403-207-8153	Name (Please Print)	Signature	DATE YYYY MM DD
Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Alberta Health Services 1-833-476-4743	Alberta Health Certificate required for applicant to apply for Business License with the City of Chestermere		
Required <input type="checkbox"/> Yes <input type="checkbox"/> No	CUI (Water Meter) 403-207-7284	Water Meter is required to be installed according to CUI's specifications. Please contact CUI for more information		Building inspector's confirmation of installation of Water Meter
Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Chestermere Fire Services (must be requested 1-2 weeks prior to required inspection date)	Name (Please Print)	Signature	DATE YYYY MM DD
Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Building Inspector 403-207-7097	Name (Please Print)	Signature	DATE YYYY MM DD
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**PLEASE NOTE: THIS APPLICATION IS TO BE ON SITE FOR ALL FINAL INSPECTIONS.
OCCUPANCY WILL NOT BE GRANTED UNLESS ALL REQUIRED SIGNATURES ARE COMPLETED.**



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.

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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 Transformer

Is 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: _____ (3-digit number) Expiry Date: _____

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Updated as of June 2021



CHESTERMERE

Community Growth & Infrastructure

105 Marina Road, Chestermere AB T1X 1V7

Telephone: (403)207-7075 Fax: (403)207-2817

Website: www.chestermere.ca

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:	<input type="checkbox"/> New <input type="checkbox"/> Improvement <input type="checkbox"/> Other (Specify): _____					
Intended Use:	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Multi-Family <input type="checkbox"/> Basement Development <input type="checkbox"/> Garage or Accessory Building <input type="checkbox"/> Other (Specify): _____					
Resource Used:	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> 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.		
<input type="checkbox"/> Gas Air Test New gas line length: <input type="checkbox"/> Above 20ft <input type="checkbox"/> 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 3/8 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: <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: _____ (3-digit number)			
			Expiry Date: _____			

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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: New Improvement Other (Specify): _____

Intended Use: Residential Commercial Multi-family Basement Development
 Garage or Small Accessory Building 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:** _____

* 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

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.

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Updated as of April 2024