



Part I

*Mandatory Fields

APPLICANT ACKNOWLEDGEMENT: By signing below, the applicant/landowner certifies that all the required documents listed above have been reviewed, confirmed accurate and is submitted as a complete Development and/or Building Permit application.

*Applicant Name: _____ *Signature _____

*Date: _____

CITY OF CHESTERMERE OFFICE USE ONLY:
By signing below, the City of Chestermere deems this application complete on: _____

Reviewed By: _____



Part II

***DEVELOPMENT / BUILDING PERMIT AUTHORIZATION FORM**

OWNER INFORMATION

I (We), _____ (name(s) of Registered Landowner(s))
being the registered landowners of:

Municipal Address: _____

Postal code _____ Legal Description: _____

Do hereby authorize:

APPLICANT INFORMATION

Company: _____ Contact Name: _____

Address: _____ Postal Code _____

Phone: _____ Email: _____

to make application for the necessary building /development permits required to complete the following project:

ALL REPORTS WILL BE PROVIDED TO OWNER AND APPLICANT.

(Print name of Registered Landowner)

(Print name of Registered Landowner)

(Signature of Registered Landowners)

(Signature of Registered Landowner)

_____ Date _____ Date



CHESTERMERE

RESIDENTIAL DEVELOPMENT & BUILDING PERMIT APPLICATION COMMUNITY GROWTH & INFRASTRUCTURE

105 Marina Road, Chestermere, Alberta T1X 1V7

Phone: 207-7075 Fax: 207-2817

www.chestermere.ca

DATE RECEIVED STAMP

(office use only)

This application may be used for both a Building Permit and/or a Development Permit/Review. Electrical, Plumbing, Gas and HVAC have their own application forms.
This application form must be accompanied by a complete application package. Use the checklist and guide attached to this package to assist you in submitting a complete application package.

PROJECT PROPERTY INFORMATION: * Mandatory Fields

*Municipal Address: _____ *Lot: _____ *Block: _____ *Plan _____

PROPERTY OWNER & APPLICANT INFORMATION: * Mandatory Fields

*Owner _____ *E-mail address _____

*Mailing Address _____ *City/Town _____ *Postal Code _____

*Cell _____ Home _____ Fax _____

*Applicant _____ *E-mail address _____

*Mailing Address _____ City/Town _____ Postal Code _____

*Cell _____ Home/Work _____ Fax _____

*Contractor ☐ (Same as Applicant) if not, provide info: _____ *E-mail address _____

*Mailing Address _____ City/Town _____ Postal Code _____

*Cell _____ Work _____ Fax _____

RESIDENTIAL - PROJECT DESCRIPTION/USE * Mandatory Fields **Dev Review/Dev Permit ***Business License also required, BP may be required

☐ **Single Family Dwelling _____ ft² ☐ **Semi-Detached Dwelling _____ ft² ☐ **Townhouse _____ ft²

☐ ** Show home/Spec Home _____ ft² ☐ **Secondary Suite _____ ft² ☐ **Deck (uncovered) _____ ft²

☐ **Hot Tub/Pools (make/model) _____ ft² ☐ **Addition (covered) _____ ft² ☐ Basement Development _____ ft²

☐ Interior Renovation _____ ft² ☐ *Accessory Building _____ ft² Type: ☐ Garage ☐ Shed ☐ Other

☐ Fence _____ m. (height) ☐ Retaining Wall _____ m. (height) ☐ Wood Burning FP ☐ Dock ☐ Demolition

***Home Business (Indicate Nature of Business) ☐ Major _____ ☐ Minor _____ Business Name: _____

Scope of Work/Other: _____ Construction Value: \$ _____
(must match value calculated on Exhibit)

APPLICATION AUTHORIZATION

I am the owner/agent with the consent and authority of the owner that is the subject matter of this application. The owner is solely responsible for ensuring compliance with the current National Building Code—Alberta Edition 2023 & the Safety Codes Act, City of Chestermere Safety Codes and Inspections Policy and City of Chestermere Land Use Bylaw. Any contravention of applicable legislation, specified herein or otherwise, may result in penalties or other enforcement.

I consent to receiving notifications & correspondence regarding this application via email to the email address provided on this application.

I/We hereby make application for Development Review/Permit and Building Permit under the provisions of the current Land Use Bylaw & the Safety Codes Act, 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.**

*Applicant's Signature: _____

*Application Date: _____

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

OFFICE USE ONLY

Permit # _____

Roll # _____

Subdivision: _____

Land Use District: _____

DP Issued ☐ _____

☐ Authorization Received

USE: *Fast Track

☐ Permitted Use *

☐ Discretionary Use

☐ Permitted Use, with

variance

D.O. Initials _____

FEES:

DP/DP Review: \$ _____

Building Permit: \$ _____

Partial BP: \$ _____

Post & Pad Insp: \$ _____

Safety Codes Fee: \$ _____

Water & Sewer: \$ _____

Utility Service: \$ _____

Waste Mgmt \$ _____

Deposits:

Performance \$ _____

Landscaping \$ _____

Other: \$ _____

TOTAL FEES: \$ _____

Low Density Residential Form
Version: August 2025



CHESTERMERE

Exhibit R

2025-07

BUILDING PERMIT # _____

LOCATION ADDRESS		
LOT	BLOCK	PLAN

Residential Cost Estimate - Renovation

Note: When inaccurate permit application cost estimates are provided, the average construction costs will be used to determine the minimum estimated construction costs.

Item	Area/Quantity	X	Rate	=	Cost
Addition Area	sq. ft.	X	\$200.00	=	\$
Basement Development	sq. ft.	X	\$45.25	=	\$
Fireplace (Gas/Wood Burning)	Number of units:	X	\$5,475.00	=	\$
Air Conditioning		X	\$5,100.00	=	\$
Garage (Attached)	sq. ft.	X	\$54.15	=	\$
Garage (Detached)	sq. ft.	X	\$51.50	=	\$
Carport	sq. ft.	X	\$44.36	=	\$
Deck or Balcony	sq. ft.	X	\$50.00	=	\$
Porch or Covered Balcony	sq. ft.	X	\$65.50	=	\$
Secondary Suite (Flat rate: New \$55,000; Conversion \$15,000)				=	\$
Others (specify – ex. Pool, Hot Tub, Structural changes, Safety or Health)				=	\$
Total Estimated Construction Cost				=	\$

Permit Fee Calculation

Total Estimated Construction Cost Round up to the next hundred	\$	x \$9.93	÷ \$1000	=	\$	Minimum of \$100
Partial Permit	\$95.00			=	\$	
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				=	\$	



CHESTERMERE

Electrical Permit Application

DATE RECEIVED STAMP
(office use only)

Applicant Type: ☐ Homeowner ☐ Contractor

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.

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

Owner Name: _____ Mailing Address: _____
City: _____ Province: _____ Postal Code: _____ Phone: _____
Cell: _____ Email: _____

Owner's Signature / Declaration (for residential dwellings 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 Regulation. _____"

Contractor Company Name: _____ Mailing Address: _____
City: _____ Province: _____ Postal Code: _____ Phone: _____
Cell: _____ Email: _____

Master Electrician Name

Master Electrician Number

Master Electrician Signature

Project Location in the City of Chestermere:

Municipal Address: _____ Lot _____ Block _____ Plan _____

Description of Work: _____ Total Developed Area: _____ sq ft.

Is the basement included on your scope of work? ☐ Yes; indicate rooms: _____ ☐ No

Value of Labor and Materials (electrical work only): \$ _____

BUILDING TYPE:

- ☐ Single/Semi Detached Dwelling
- ☐ Multi-Family Dwelling
- ☐ Commercial
- ☐ Institutional
- ☐ Industrial
- ☐ Other: _____

TYPE OF WORK:

- ☐ New Work ☐ ** AC Unit _____
- ☐ Renovation (qty, make & model)
- ☐ Connection ☐ ** Solar Panel
- ☐ Temporary Service
- ☐ Other: _____
- ☐ Annual Permit

** Project info sheet required- submit w/ application

SERVICE INFORMATION:

Supply Service Required? ☐ Yes ☐ No

Type of Supply Service: ☐ Overhead
☐ Underground

Service Information: Amps: _____

Volts: _____

Phase: _____

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

Permit Fee: \$ _____ + *SCC Levy: \$ _____ = Total Permit Fee: \$ _____

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

** Payment is required before the permit can be issued. Complete and submit the credit card authorization and consent form if you authorize the City of Chestermere to charge the credit card for the fees associated to this permit, otherwise, you will receive a call or an email from the City requesting for payment.

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.



CHESTERMERE

Gas Permit Application

DATE RECEIVED STAMP

(office use only)

Applicant Type: ☐ Homeowner ☐ Contractor

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.

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

Owner Name: _____ Mailing Address: _____
City: _____ Province: _____ Postal Code: _____ Phone: _____
Cell: _____ Email: _____

Owner's Signature / Declaration (for residential dwellings 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 Regulation." _____

Contractor Company Name: _____ Mailing Address: _____
City: _____ Province: _____ Postal Code: _____ Phone: _____
Cell: _____ Email: _____

Gas Fitter/Installer's Name

Gas Fitter/Installer's Certification #

Gas Fitter/Installer's Signature

Project Location in the City of Chestermere:

Municipal Address: _____ Lot _____ Block _____ Plan _____

Description of Work: _____ Total Developed Area: _____ sq ft.

BUILDING TYPE:

- ☐ Single/Semi Detached Dwelling
☐ Multi-Family Dwelling
☐ Commercial
Total BTUs _____
☐ Institutional
Total BTUs _____
☐ Industrial
Total BTUs _____
☐ Other: _____

TYPE OF WORK:

- ☐ New Work
☐ Renovation
☐ Connection
☐ Temporary Service (temp heat/generator)
☐ Annual Permit

RESOURCE USED:

- ☐ Natural Gas
☐ Propane ☐ Other

NUMBER OF OUTLETS: _____ Total

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

☐ Gas Air Test Only

New Gas Line Length ☐ >20ft ☐ <20ft

If the air test inspection fails, a reinspection fee will apply prior to carrying out the reinspection

Advisory Notice: ALL RANGES REQUIRE ANTI-TIP DEVICE AT

Payment Type: ☐ Cash ☐ Cheque ☐ Credit Card ☐ Debit ☐ Invoice *\$4.50 or 4% of the permit fee maximum \$560.00

Permit Fee: \$ _____ + *SCC Levy: \$ _____ = Total Permit Fee: \$ _____

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CHESTERMERE

Plumbing Permit Application

DATE RECEIVED STAMP
(office use only)

Applicant Type: ☐ Homeowner ☐ Contractor

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.

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

Owner Name: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Cell: _____ Email: _____

Owner's Signature / Declaration (for residential dwellings 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 Regulation."

Contractor Company Name: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Cell: _____ Email: _____

Plumber's Name

Plumber's Certification #

Plumber's Signature

Project Location in the City of Chestermere:

Municipal Address: _____ Lot _____ Block _____ Plan _____

Description of Work: _____ Total Developed Area: _____ sq ft.

BUILDING TYPE:

- ☐ Single/Semi Detached Dwelling
- ☐ Multi-Family Dwelling
- ☐ Commercial
- ☐ Institutional
- ☐ Industrial
- ☐ Other: _____

TYPE OF WORK:

- ☐ New Work
- ☐ Renovation
- ☐ Connection

VALUE OF LABOUR & MATERIALS:

(for plumbing work only)

NUMBER OF FIXTURES: _____ Total

Kitchen Sink: _____ Basins: _____
Showers: _____ Laundry: _____
Toilet: _____ Washer: _____
Bathtub: _____ Floor Drain: _____
Grease Traps: _____ Urinals: _____
Bidets/Water Fountains: _____
Other Outlets: _____

Payment Type: ☐ Cash ☐ Cheque ☐ Credit Card ☐ Debit ☐ Invoice *\$4.50 or 4% of the permit fee maximum \$560.00

Permit Fee: \$ _____ + *SCC Levy: \$ _____ = Total Permit Fee: \$ _____

** Payment is required before the permit can be issued. Complete and submit the credit card authorization and consent form if you authorize the City of Chestermere to charge the credit card for the fees associated to this permit, otherwise, you will receive a call or an email from the City requesting for payment.

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CHESTERMERE

Credit Card Authorization and Consent Form

I, _____ hereby authorize The City of Chestermere to charge my credit card for the fees associated with the application for:

Project Description: _____

at

Address: _____

☐ Development Review/Permit

☐ PSDS Permit

☐ Partial and/or full Building Permit

☐ HVAC Permit

☐ Electrical Permit

☐ Advertising Fee/Admin Fee

☐ Gas Permit

☐ WS Connection Fee

☐ Plumbing Permit

☐ Additional Inspection Fees:

☐ Other Fee: _____

☐ For Office Use only, See attached breakdown (page 2)

Type of Card:

☐ Visa

☐ Master Card

Credit Card Number: _____

CVV: _____

Expiration Date: _____

Name of Cardholder: _____

By signing this, I acknowledge that the amount/charges associated with the permit release for the project noted above will be sent via a separate email from the City of Chestermere. I assume full responsibility for said charges and agree to honor and abide by the terms of payment.

I understand that the City of Chestermere will only process credit card payments amounting to less than \$2,500 per transaction. Fees amounting to more than \$2,500.00 will be settled by other methods of payment.

Cardholder Signature:

The personal information on this Credit Card Authorization form is collected for the purpose of processing payments. This information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP).