



# DRUMHELLER COMMUNITY SERVICES



**BUILDING PERMIT LABEL**

## BUILDING PERMIT

Permit #: \_\_\_\_\_ File #: \_\_\_\_\_ Application Date: \_\_\_\_\_  
 Development Permit #: \_\_\_\_\_ Development Permit Issue Date: \_\_\_\_\_

Building Classification:  Commercial  Industrial  Institutional  Residential  
 Brief Description of Project: \_\_\_\_\_  
 Single Family  Mobile  Garage  Foundation ONLY  Occupancy  Demolition  
 Building Area (square footage): \_\_\_\_\_ # of Storeys: \_\_\_\_\_  
 Other Permits Required:  Electrical  Gas  Plumbing  PSDS  
 MUNICIPALITY: (County, M.D., I.D., City, Town, or Village) \_\_\_\_\_  
 PROJECT LOCATION: LOT \_\_\_\_\_ BLK \_\_\_\_\_ PLAN \_\_\_\_\_, \_\_\_\_\_ 1/4 SEC \_\_\_\_\_ TWP \_\_\_\_\_ RG \_\_\_\_\_ W4M  
 Street Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_

NAME (Building Owner): \_\_\_\_\_ Home Ph. #: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Work Ph. #: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 APPLICANT: \_\_\_\_\_ Home Ph. #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Ph. #: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 CONTRACTOR: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 DESIGNER: \_\_\_\_\_ Phone #: \_\_\_\_\_

\*I am/represent the owner of the land and will be/represent the owner of the project for which I am submitting this permit application. This project will be commenced within 90 days and if a single family residential project, will expire in one year. I agree to conform to the Safety Codes Act of Alberta, Applicable Codes, Municipal Bylaws and Regulations.

Permit Holder Signature: \* \_\_\_\_\_ Print: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_

<p>Total Project Value: (Verification may be required) _____          Permit Fee: _____          Type of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Cheque <input type="checkbox"/> Cash          Card Holder Name: _____          VISA/MC #: _____          Expiry Date: _____</p>	<p>Safety Codes Officer: _____          Signature: _____          Issue Date: _____          Designation #: _____          Permit Conditions: _____          _____          _____</p>
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**Town of Drumheller**  
 703 – 2 Avenue West  
 Drumheller, AB T0J 0Y3  
 Phone (403) 823-1300 Fax (403) 823-7739

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