



502 Center Street | Box 100, Bow Island TOK OGO
 Phone: 403-545-2522 | Fax: 403-545-6642 | www.bowisland.com



PARK ENTERPRISES LTD.
 "Inspections by People Who Care!"

File Number: _____
 Date Received: _____
 Tax Roll No.: _____

BUILDING PERMIT APPLICATION FORM

Development Permit No.: _____ Estimated Project Completion Date (mmm/dd/yyyy): _____
 New Home Warranty No. (if applicable): _____ Value of Installation (labour and material): \$ _____
 Permit Applicant: Owner Contractor Work has not started Work is in progress Work is complete

Owner / Applicant: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

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

Project Location: Municipality: Town of Bow Island Subdivision Name: _____
 Street/Rural Address: _____ Postal Code: _____
 Lot: _____ Block: _____ Plan: _____ Legal Subdivision: _____ Section: _____ Township: _____ Range: _____ West of: _____

Directions: _____

Please Provide a Detailed Description of Work:

TYPE OF OCCUPANCY	TYPE OF WORK	BUILDING AREA
<input type="checkbox"/> Single Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Relocation/Ready to Move <input type="checkbox"/> Change of Occupancy/Use <input type="checkbox"/> Accessory Building <input type="checkbox"/> Deck <input type="checkbox"/> Other: _____	<input type="checkbox"/> ft ² <input type="checkbox"/> m ² Main Area: _____ 2 nd Floor Area: _____ Basement Area: _____ Developed: <input type="checkbox"/> Yes <input type="checkbox"/> No Garage: _____ Deck: _____ Total Developed Area: _____
	<input type="checkbox"/> Garage <input type="checkbox"/> Detached <input type="checkbox"/> Attached <input type="checkbox"/> Foundation Type: _____ <input type="checkbox"/> Manufactured/Mobile Home CSA No.: _____ AMA No.: _____	

FOIPP Notification: The personal information required by the Bow Island application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Town of Bow Island at 403-545-2522 or 502 Center Street | Box 100, Bow Island TOK OGO.

Permit Applicant's Name (print) _____ Permit Applicant's Signature _____ Homeowner's Signature (homeowner permit only) Homeowner Declaration: **By signing this I hereby certify that I own/will own and occupy this dwelling.**

Office Use Only		
Permit Fee: \$ _____	SCC Levy: _____	Issuing Officer's Name: _____
Total Cost: \$ _____	(\$4.50 or 4% of the permit fee maximum \$560.00)	Issuing Officer's Signature: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque _____	Receipt No.: _____	Designation No.: _____
		Permit Issue Date (mmm/dd/yyyy): _____