



Alberta Safety Codes Authority

[received date stamp]

[agency name]

[SITTE permit no.]

### BUILDING PERMIT APPLICATION

Other Permits Required: ☒ Plumbing ☐ Gas ☐ Private Sewage ☐ Not Applicable  
(under separate application)

Application Date (mm/dd/yyyy): 05/10/2022  
Development Permit No. (if applicable): 022-076  
New Home Warranty No. (if applicable): —  
Estimated Start Date (mm/dd/yyyy): June 1 2022  
Permit Applicant: ☒ Owner ☐ Contractor  
Builder License ID No. (if applicable): —  
Estimated Project Completion Date (mm/dd/yyyy): Oct 2023  
Value of Work (labour and materials): \$ 250,000.00

Owner Name (please print): DAVID NICHOLSON

Mailing Address: 1319 KINGS HEATH RD SE City/Town/Village: ALBERTA Province: AB Postal Code: T4A 0E9  
Email: David@nicholson.ca Phone: 403-644-9160 Fax: —

Contracting Company Name (please print): AJ Weber Construction (please print): Andrew Weber  
Mailing Address: Box 389 City/Town/Village: Calgary Province: AB Postal Code: T0C 0P0  
Email: ajweber@40@gmail.com Phone: 780 367 4265 Fax: —

Project Location (Municipality): Alphabetsa County Subdivision/Hamlet Name: — Tax Roll No.: —

Street/Rural Address: RR 233 Township RD 6304 Unit: —  
Lot: 1 Block: 1 Plan: 0740388 LSD: — Quarter: — Section: — Township: — Range: — West of: —

Directions: —

Description of Work (please provide a complete and detailed description of the work to be completed including all applicable drawings/documents):

☒ Work has not started ☐ Work is in progress ☐ Work is complete  
WORK MUST BE INSPECTED BEFORE COVERING

TYPE OF OCCUPANCY	TYPE OF WORK	BUILDING AREA
<input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Recreational Industrial <input type="checkbox"/> Other	<input checked="" type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Basement Development <input type="checkbox"/> Swimming pool / hot tub <input type="checkbox"/> Change of Occupancy / Use <input type="checkbox"/> Solid Fuel/Pellet Stove/Fireplace <input type="checkbox"/> Temporary Structure - removal date <u>—</u> <input type="checkbox"/> Manufactured/ RTM Home - Foundation type <u>—</u> Indicate: <input type="checkbox"/> new or <input type="checkbox"/> relocation CSA/QA# <u>—</u> AM# <u>—</u>	Ground Floor Area <u>1960</u> <sup>feet</sup> <input type="checkbox"/> meters <sup>2</sup> 2nd Floor Area (lot / mezzanine) <u>—</u> Basement Floor Area <u>960</u> Development <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Garage <u>—</u> Deck <u>—</u> Other <u>—</u> Total Developed Area <u>960</u> Undeveloped Area <u>1</u> No. of Storeys <u>1</u>

FOR NOTIFICATION: Personal information collected on this form is collected under the authority of section 33(9) of the Access to Information Act. It is used for processing permit applications, issuing permits and for enforcement purposes, verification and program evaluation. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Questions about this collection may be directed to ASCA Coordinators at 1-888-413-0099 or at Suite 500, 10405 Jasper Avenue, Edmonton, AB T5J 3N4.

Permit Applicant's Name (please print):

DAVID NICHOLSON

Permit Applicant's Signature:

[Signature]

Homeowner's Signature (homeowner permit only) Homeowner Declaration: By signing this application, I hereby certify that I own/rent and occupy the dwelling.

#### OFFICE USE ONLY

Permit Fee: \$ — Travel Fee: \$ — SCO/Permit Issuers Name (please print): —  
SCC Levy: \$ — (\$4.50 or 4% of the permit fee maximum \$500.00) SCO/Permit Issuers Signature: —  
Total Cost: \$ — Designation No.: —  
☐ Cash ☐ Cheque ☐ Debit Receipt No.: — Permit Issue Date: —  
☐ Credit Card (attach signed credit card authorization form) ☐ Invoiced (mm/dd/yyyy)