

Town of Lamont PO Bag 330 LAMONT AB TOB 2R0 Phone: (780) 895 2010 Fax: (780) 895 2595 Phone: Fax: www.lamont.ca



BUILDING PERMIT APPLICATION FORM

Development Permit Number:				
Application Date:DD / MMM / YYYY		Estimated Project	t Completion Date: / MMM / YYYY	
Applicant Type: 🗌 Homeowner 📋 Contractor Cos		t of Installation (Market Value Including Equipment) \$		
The Permit Holder hereby certifies that this installation wi of issue of the permit, (b) is suspended or abandoned for **2 Sets of plans / specifications & payment must acc	a period of 120 days. An extension can be c	ta Safety Codes Act. A permit may expire if the considered when applied for in writing prior to p	e undertaking to which it applies: (a) is not commenced within 90 days permit expiry date.	
Owner Name:		Mailing Address:		
City:	Prov: Postal Code:	Phone:	Fax:	
			_ Email:	
Owner's Signature / Declaration (Single Fam "I hereby declare I am the owner of the premise compliance with the applicable Act and Regulat	nily Residential Only) es in which the work will be conducted,		y. I am doing the work myself, and assume responsibility for	
Company Name:		Mailing Address:		
City:	Prov: Postal Code:	Phone:	Fax:	
Cell:	Email:			
Contractor/Architect/Engineer Name Signature				
Project Location in the Town of Lamont:			Work: I not started I in progress I complete	
Street Address: Tax Roll #:			Roll #:	
Legal Subdivision: Part of:	Section: T	ownship: Range:	West of:	
Subdivision Name:	L	ot: Block:	Plan:	
Directions:				
BUILDING TYPE:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:	
Dwelling Unit	New Construction	☐ Farm	Number of stories	
Detached/Attached Garage	Relocation	Single/Multi Residential	Main area	
Accessory Building	Addition	Commercial	2 nd floor	
Basement Development	Renovation	Industrial	Basement	
Deck	Demolition	Institutional	Garage	
□ Wood Burning Stove/Fireplace	Change of Occupancy	🔲 Oil & Gas	Total Area	
Certification #	Manufactured Home*	Other (specify)	Deck	
Foundation Type	Modular Home*		-	
	*CSA #		Basement developed at time of construction?	
Other (specify)			Yes No	
	Development #			
		_		
Description of Work: Energy Compliance Method: Performan *Manufactured Home – transportable in single of *Modular Home – assembled at site in sections	or multiple sections; is ready for reside		up.	
Payment Type: Cash Cheque Interac M/C Visa				
Permit Fee: \$			The Inspections Group Inc. 300W, 14310 – 111 Avenue NW Edmonton AB T5M 3Z7	
+ SCC Levy*: \$			Phone: (780) 454 5048 Toll Free: (866) 554 5048	
Total Cast: \$	Pocoint #		www.inspectionsgroup.com	
Total Cost: \$	Receipt #:	—	questions@inspectionsgroup.com	

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC. PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS. The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.