NOWAL THE HIGHWAYS	Town of Onoway PO Box 540 4812 - 51 Street Onoway, AB TOE 1V0 Phone: (780) 967 5338 Fax: (780) 967 3226 www.onoway.ca	⁸ Fax: (780) 454 5222 Toll Free: (866) 454 5		enue NW 5G 0E6 4 5048 Toll Free: (866) 554 5048 4 5222 Toll Free: (866) 454 5222	
Building Permit #:			LICATION FORM		
Application Date: / MMM /			Estimated Project Completio	on Date: DD / MMM / YYYY	
Applicant Type: Homeowner The Permit Holder hereby certifies that this inst lays of issue of the permit, (b) is suspended or	stallation will be completed in accordance	e with the Alberta Safety Code	Cost of Installation (Labour & Ma as Act. A permit may expire if the underta when applied for in writing prior to permit a	aking to which it applies: (a) is not commenced within 90	
City:	Prov: Postal			Fax:	
Owner's Signature / Declaration (Sir "I hereby declare I am the owner of the pre applicable Act and Regulations"	ngle Family Residential Only)			Email:	
Company Name:		Mailing Adc	Iress:		
City:	Prov:Postal	Code:	Phone:	Fax:	
Cell:	Email:				
Master Electrician Number	Mast	ster Electrician Name	M	Aaster Electrician Signature	
Project Location in the Town of Ono Street Address:	•		Tax Roll #:		
				West of:	
				ın:	
Directions:					
BUILDING TYPE:	TYPE OF WO		SERVICE INFORMAT	TION:	
Single / Multi Family Dwelling	🗌 New Work	c	Does this installation	Does this installation Require a Service Connection	
Commercial	Renovation		🗆 Yes 🛛 No		
Residential	Connection			Overhead Underground	
	Temporary		Service Information:	Amps:	
	☐ Other			Volts:	
Square Feet:				Phase:	
Description of Work:	I		I		
•					
I the permit applicant understand an inspection stages will take place at inspections requested will be charge inspection (plus Levy).	rged at a rate of \$150 per	ROUGH IN or Accept Decline Homeowner applicants (FINAL Accept Oth Decline (value of work over \$500) must set	elect 2 stages of inspection	
	*!	Residential Contractors	may select only 1 inspection, add	ditional selected inspections will be charged	

(Applicant Signature) at \$150/ Inspection (pl					intractors may select only 1 inspection, additional selected inspections will be charged tion (plus Levy)
Payment Type:	Cash	Cheque	Credit Card	Interac	TIGI OFFICE USE ONLY
Permit Fee: \$					Issuing Officer's Name:
· · · ·					Issuing Officer's Signature:
+ SCC Levy*: \$; Levy*: \$			Designation Number:	
Total Cost: \$ Receipt #:		ot #:	Permit Issue Date: DD / MMM / YYYY		
*\$4.50 or 4% of th	ne permit fee n	naximum \$560.0	D		

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL 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.