Nr.		
224 Centre Street Drumheller, AB TOJ 0Y4	Building Pormit	
Palliser Phone: 800-407-8361	Building Permit	Permit Label
Regional Municipal Services E-mail: palliser@dinosaurvall	Application	
Separate permit applications are required for:	Electrical Plumbing Gas PSDS	
	New Home Buyer Protection Act Registration Number	er (NHRPA):
Permit Type: Owner Contractor		
Application Date (M/D/Y):	•	nber:
Owner:	Mailing Address:	
City:	Prov.: Postal Code:	Phone:
Cell Number: Ema	ail Address:	Fax:
Contractor:	Mailing Address:	
City:	Prov.: Postal Code:	Phone:
Cell Number: Ema	il Address:	Fax:
Project Location: Name of Municipality:		
	Subdivision or Hamlet Name:	
	k: Plan: Tax Roll	
-	ect: Twp: Rge:	W of:
Directions:		_
Architect and/or Engineer (if applicable):		Phone:
Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas Type of Work: New Renovation Addition Accessory Building Basement Dev. Manufactured Home RTM (Ready to Move) Secondary Suite Change of Use/Occupancy Wood Stove Deck Demolition Other		
sq. m sq. ft No. of Stories: Building Classification:		
Main Area:		
2 nd Floor Area:	Detailed Description of Work and/or intended us	se or occupancy of the building:
Basement Area:	_	
Garage Area:	-	
	ertifies that this installation will be completed in accordance with	the Alberta Safety Codes Act and Regulations and
work will commence within 90 days. The permit applica liable for any decision related to the system of inspection	nt/owner acknowledges that as per Section 12(2) of the Alberta ns, examinations, evaluations and investigations including but no nformation provided on this form is protected by the Freedom of	Safety Codes Act; Superior Safety Codes Inc. is not ot limited to a decision relating to their frequency and
Permit Applicant Name (Please print)	Permit Applicant Signature	Homeowner's Signature (Homeowner permits only)
Project Value (Materials & Labour): \$	-	Sq. Ft.
		SCC Levy is 4% of the permit fee with a ninimum of \$4.50 and a maximum of \$560
Payment Method: Visa M/C Debit		
Credit Card #:	Expiry Date:0	Cheque Number
Name of Cardholder:	Signature of Cardholder:	
Pormit Validation Section to be completed by	the Building Safety Codes Officer	
Permit Validation Section to be completed by the Building Safety Codes Officer: Special Conditions:		
SCO's Name (print or type)	SCO's Signature	-
SCO's Designation Number	•	
INSPECTION REQUESTS please contact Superior Safety Codes at: Ph. 403.717.2344 or 1-888.717.2344		
PERMITS & INSPECTIONS Allow 48 hours notice for inspection		