



**Town of Legal**  
 PO Box 390  
 LEGAL AB TOG 1L0  
 Phone: (780) 961 3773  
 Fax: (780) 961 4133  
 www.legal.ca

Permit Sticker

**The Inspections Group Inc.**  
 12010 – 111 Avenue NW  
 EDMONTON AB T5G 0E6  
 Phone: (780) 454 5048 Toll Free: (866) 554 5048  
 Fax: (780) 454 5222 Toll Free: (866) 454 5222  
 www.inspectionsgroup.com

**BUILDING PERMIT APPLICATION FORM**

Permit Number: \_\_\_\_\_

Tax Roll Number: \_\_\_\_\_

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type:  Homeowner  Contractor

Cost of Installation (Labour & Material) \$ \_\_\_\_\_

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations. Section 25(1) of the Permit Regulation AR 204/2007 of the Safety Codes Act Section 25(1) states: "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days." Please note that an extension can be considered when applied for in writing prior to permit expiry date. **\*\*2 Sets of plans / specifications & payment must accompany this application\*\***

Owner Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner's Signature / Declaration (Single Family Residential Only)**

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Company Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor/Architect/Engineer Name

Signature

**Project Location in The Town of Legal:**

Street Address: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
 Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
 Directions: \_\_\_\_\_

BUILDING TYPE:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:
<input type="checkbox"/> Dwelling Unit <input type="checkbox"/> Detached/Attached Garage <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Deck <input type="checkbox"/> Wood Burning Stove/Fireplace Certification # _____ <input type="checkbox"/> Foundation Type _____ <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Relocation <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Manufactured Home* <input type="checkbox"/> Modular Home* *CSA # _____ Development # _____	<input type="checkbox"/> Farm <input type="checkbox"/> Single/Multi Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Other (specify) _____ _____ _____	Number of stories _____ Main area _____ 2 <sup>nd</sup> floor _____ Basement _____ Garage _____ Total Area _____ Deck _____ Basement developed at time of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Work: \_\_\_\_\_

\*Manufactured Home – transportable in single or multiple sections; is ready for residential occupancy upon completion of setup.  
 \*Modular Home – assembled at site in sections; sections have no chassis, running gear nor its own wheels.

Payment Type:  Cash  Cheque  C/C Agreement  Interac

**TIGI OFFICE USE ONLY**

Permit Fee: \$ \_\_\_\_\_

Issuing Officer's Name: \_\_\_\_\_

+ SCC Levy\*: \$ \_\_\_\_\_

Issuing Officer's Signature: \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

Designation Number: \_\_\_\_\_

\*\$4.50 or 4% of the permit fee maximum \$560.00

Permit Issue Date: DD / MMM / YYYY

**REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.**

**PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE & PROVIDE SAFE ACCESS.**