

Town of Viking

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The Inspections Group Inc.

12010 – 111 Avenue Edmonton, AB T5G 0E6

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BUILDING PERMIT APPLICATION FORM

Application Date:DD_/_MMM_	/ YYYY	Estimated Project Completion Date:DD / MMM / YYYY		
Applicant Type: Homeowner Contractor		Cost of Installation (Cost of Installation (Labour & Material) \$	
	ned for a period of 120 days. An extension can be	lberta Safety Codes Act. A permit may expire if the be considered when applied for in writing prior to po	e undertaking to which it applies: (a) is not commenced within 90 days ermit expiry date.	
Owner Name:		Mailing Address:		
City:	Prov: Postal Code: _	Phone:	Fax:	
		Cell:	_ Email:	
Owner's Signature / Declaration (Single "I hereby declare I am the owner of the profor compliance with the applicable Act and	e Family Residential Only) remises in which the work will be conduc		ty. I am doing the work myself, and assume responsibility	
Company Name:	Mailing Address:			
City:	Prov:Postal Code: _	Phone:	Fax:	
Cell:	Email:			
Contractor/Architoct/E	esineer Nama		Signature	
Contractor/Architect/Engineer Name Project Location in the Town of Viking:			Work: ☐ not started ☐ in progress ☐ complete	
,		Tax Roll #:		
			West of:	
			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 #	_	☐ Other (specify)	Deck	
☐ Foundation Type	☐ Modular Home*			
	*CSA #		Basement developed at time of construction?	
Other (specify)	Development #		☐ Yes ☐ No	
	- Development #			
Description of Work: Perfo	Trade Off Proceedings	_		
_	ingle or multiple sections; is ready for res	sidential occupancy upon completion of setu	ıp.	
Payment Type: Cash Cl	•	, ,	TIGI OFFICE USE ONLY	
Permit Fee: \$		Issuing Officer's Name:	Issuing Officer's Name:	
+ SCC Levy*: \$		Issuing Officer's Signature: _	Issuing Officer's Signature:	
Total Cost: \$ Receipt #:		Designation Number:	Designation Number:	
*\$4.50 or 4% of the permit fee maximum \$560.00		Permit Issue Date:	Permit Issue Date: DD / MMM / YYYY	

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE & PROVIDE SAFE ACCESS.