

Town of Viking

PO Box 369 Viking, AB T0B 4N0 Phone: (780) 336-3466 Fax: (780) 336-2660 www.viking.ca



BUILDING PERMIT APPLICATION FORM

Application Date:			Estimated Project Completion Date:	
of issue of the permit, (b) is suspended or abandoned	on will be completed in accordance with the d for a period of 120 days. An extension ca	Ilation (Market Value Including Equipment) \$ des Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days are applied for in writing prior to permit expiry date.		
*2 Sets of plans / specifications & payment must		Mailing	Addrono:	
Owner Name:		_		
City:				Fax:
Owner's Signature / Declaration (Single I "I hereby declare I am the owner of the prer compliance with the applicable Act and Reg	Family Residential Only) mises in which the work will be condu			Erty. I am doing the work myself, and assume responsibility for
Company Name: Mailing Address:				
City:	Prov: Postal Code:	:	Phone:	Fax:
Cell:	Email:			
Contractor/Architect/Eng	ineer Name			Signature
Project Location in the Town of Viking :	inos ramo			Work: not started ☐ in progress ☐ complete
Street Address:			Ta	ax Roll #:
Legal Subdivision: Part of:	Section:	Township:	Rang	e: West of:
Subdivision Name:		Lot:	Block:	Plan:
Directions:				
BUILDING TYPE:	TYPE OF WORK:		IILDING 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: ☐ Perforn *Manufactured Home – transportable in sing *Modular Home – assembled at site in secti	gle or multiple sections; is ready for r	esidential occup		etup.
Payment Type:				
Permit Fee: \$				The Inspections Group Inc. 300W, 14310 – 111 Avenue NW
+ SCC Levy*: \$	<u> </u>		Phone: Fax:	EDMONTON AB T5M 3Z7 (780) 454 5048 Toll Free: (866) 554 5048 (780) 454 5222 Toll Free: (866) 454 5222
Total Cost: \$				www.inspectionsgroup.com
*\$4.50 or 4% of the permit fee maximum \$560.00				