

Town of Morinville

2nd Floor, 10125-100 Avenue Morinville. AB T8R 1L6 Phone: (780) 939 4361

Fax: (780) 939 5633 www.morinville.ca

SUBMIT TO:

THE INSPECTIONS GROUP INC. ${\tt questions@inspectionsgroup.com}$

The Inspections Group Inc.

12010 - 111 Avenue NW Edmonton AB T5G 0E6

(780) 454 5048 Toll Free: (866) 554 5048 Phone: Fax: (780) 454 5222 Toll Free: (866) 454 5222

www.inspectionsgroup.com

Descineda Liganea Number	_	_DING PER	MIT APPL	ICATION FORM		
Business Licence Number: Application Date:		Permit Number: Estimated Project Completion Date:DD / MMM / YYYY				
		Cost of Installation (Labour & Material) \$				
Applicant Type: Homeowner Contractor The Permit Holder hereby certifies that this installation will be completed in accordance			Alberta Safety Code	es Act. A permit may expire if the unde	ertaking to which it applies: (a) is not commenced within 90	
days of issue of the permit, (b) is suspended or **2 Sets of plans / specifications OR 1 set of	r abandoned for a period of 120	0 days. An extension	can be considered	when applied for in writing prior to permi	it expiry date.	
·		• •		· · · · ·	☐ Check if Owner is the same as Applicant	
Owner Name:			Mailing Add	dress:		
City:	Prov:	Postal Code: _		Phone:	Fax:	
			Cell:	Email:	:	
	emises in which the work will b	be conducted, and re-			nyself, and assume responsibility for compliance with the Approved Authorized / Exempt	
Applicant: ☐ Owner ☐ Contractor ☐					☐ Check if Contractor is the same as Applicant	
Company Name:			Mailing Add	dress:		
City:	Prov:	Postal Code: _		Phone:	Fax:	
Cell:	Email:					
Contractor/Architect/Engineer Name				Signature		
Project Location in the Town of Mor	inville:			Wor	rk: ☐ not started ☐ in progress ☐ complete	
Street Address:						
Legal Subdivision: Part of:	Section:		Township:	Range:	West of:	
Subdivision Name: Lot: Block: Plan:					Plan:	
Directions:						
BUILDING TYPE:	TYPE OF WORK:			BUILDING USE:	BUILDING AREA IN SQ. FT.:	
☐ Dwelling Unit	☐ New Construction			☐ Farm	1	
☐ Detached/Attached Garage	☐ Relocation			☐ Single/Multi Residential	Number of stories	
☐ Accessory Building	☐ Addition			☐ Commercial	Main area	
☐ Basement Development	☐ Renovation			☐ Industrial	2 nd floor	
☐ Deck	☐ Demolition			☐ Institutional	Basement	
☐ Wood Burning Stove/Fireplace	☐ Change of Occupan	су		☐ Oil & Gas	Garage	
Certification #	☐ Manufactured Home	э*		☐ Other (specify)		
☐ Foundation Type	Development #				Total Area	
	☐ Modular Home*				Deck	
☐ Other (specify)	*CSA#	AB#:			Basement developed at time of construction?	
	Make: Model:				☐ Yes ☐ No	
	S/N:					
Description of Work:				•		
Energy Compliance Method: Per *Manufactured Home – transportable in single *Modular Home – assembled at site in section	le or multiple sections; is ready	for residential occupa	oancy upon completi	ion of setup.		
	que			AU	ITHORIZATION	
Permit Fee: \$			Issi	ssuing Officer's Name:		
+ SCC Levy*: \$			Iss	Issuing Officer's Signature:		
Total Cost: \$ Receipt #:				Designation Number:		
*\$4.50 or 4% of the permit fee maximum \$560.00				Permit Issue Date:		