



# Town of Strathmore

680 Westchester Road  
Strathmore, AB T1P 1J1

Phone: (403) 934-3133  
Fax: (403)934-4713

## BUILDING APPLICATION

DATE OF APPLICATION: \_\_\_\_\_

DEVELOPMENT PERMIT # \_\_\_\_\_

METER FEE \_\_\_\_\_

BUILDING PERMIT # \_\_\_\_\_

BUILDING FEE \_\_\_\_\_

SAFETY CODES COUNCIL FEE \_\_\_\_\_

TOTAL PAYABLE: \_\_\_\_\_

Project Address - Civic \_\_\_\_\_

Project Address - Legal \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

Construction Value \_\_\_\_\_

Square Ft of Project \_\_\_\_\_

Proposed Use

Bungalow

Bi-Level

2 Storey

Commercial

Industrial

Other

(Description if Other)

**OWNER**  **APPLICANT**

Please Check One

**EMAIL ADDRESS:** \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**BUILDER**  **APPLICANT**

**EMAIL ADDRESS:** \_\_\_\_\_

Contractor Name \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### MECHANICAL

ID Number \_\_\_\_\_

Forced Air Contractor Name \_\_\_\_\_

Phone \_\_\_\_\_

### PLUMBING

ID Number \_\_\_\_\_

Contractor Name \_\_\_\_\_

Phone \_\_\_\_\_

### ELECTRICAL

ID Number \_\_\_\_\_

Contractor Name \_\_\_\_\_

Phone \_\_\_\_\_

### GAS

ID Number \_\_\_\_\_

Contractor Name \_\_\_\_\_

Phone \_\_\_\_\_

Building Permit Application  
Page 2

I authorize the appropriate officers of the Town of Strathmore the right to access the property for the purpose of any necessary inspection in conjunction with this application. The undersigned hereby agrees to build according to the approved permits, information above, and plans and specifications herewith submitted and agrees to comply with all Town Bylaws and Building Code requirements.

I, \_\_\_\_\_ hereby certify that:

\_\_\_\_\_ I am the owner.

\_\_\_\_\_ I have been designated as the representative or agent of the owner, and I am aware that I is my responsibility to obtain all approvals from the land owner.

I have read and understand this application in its completed form.

SIGNATURE: \_\_\_\_\_

**DECISION**

**This Permit is valid for one year from the date of issuance. If this project is not complete within the one year time limit, the Permit will be deemed to be expired and an extension must be applied for.**

Date of issuance of Permit \_\_\_\_\_

Safety Codes Officer \_\_\_\_\_

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

This information is being collected under *the Municipal Government Act* and will only be used for the purpose of Building & Development Application. It is protected by the provisions of the Freedom of Information & Protection of Privacy Act. If you have any questions about the collection please contact the FOIP Coordinator at 934-3133, weekdays.