



File Number:	
Date Received:	
Tax Roll No.:	

210 N 200 W | Box 629, Raymond T0K 2S0 Phone: 403-752-3322 | Fax: 403-752-4379 | www.raymond.ca

	BUILDING	PERMIT	APPLICATION FOR	М		
Development Permit No.:			Estimated Project Completion Date (mm/ddd/yyyy):			
New Home Warranty No.(if applicable):		Value of	Value of Installation (labour and material): \$			
Permit Applicant: ☐ Owner ☐ Contractor		☐ Work	☐ Work has not started ☐ Work is in progress ☐ Work is complete			
Owner / Applicant:			Mailing Address:		_	
City:		Province:	Postal Code:	Phone:		
Cell:	Email:			Fax:		
Contractor:			Mailing Address:			
City:		Province:	Postal Code:	Phone:		
Contractor Name:	Cell:		Email:		_Fax:	
Street/Rural Address: Lot: Block: Directions: Please Provide a Detailed	Plan:				tal Code:West of:	
TYPE OF OCCUPANCY	TYPE OF WORK		BUILDING AREA			
□ Single Residential □ New □ Multi-family □ Addition □ Farm/Ranch □ Relocation/Ready to	☐ New ☐ Addition ☐ Relocation/Ready to Move	☐ Garage I☐ Foundati	☐ Detached ☐ Attached ion Type:	☐ ft² ☐ m² Main Area: 2 nd Floor Area:		
☐ Commercial ☐ Manufactured/Mobile Home	☐ Change of Occupancy/Use☐ Accessory Building	CSA No.	.:	Basement Area:	Developed: ☐ Yes ☐ No	
□ Other:	□ Deck	AMA No	.:	Garage: Deck:		
	U Other:			Total Developed Are	a:	
Permit Applicant's Name (print)	Act and section 63 of the Safety Codes Act. permit may be included on reports provide	It will be used for ed to the municipa 9, Raymond T0K 2	processing permit applications, issuality or made available to the public 2S0.	ing permits, safety codes compli as required or allowed by legisl	ance monitoring and verification. The	
(pility)	r cimit ripplical	5 0.91101010			Il own and occupy this dwelling.	
		011	U Ob-			
	SCC Levy:		Use Only Issuing Officer's Name:			
Permit Fee: \$ Total Cost: \$	SCC Levy: (\$4.50 or 4% of the permit fee max Receipt No.:	imum \$560.00)	Issuing Officer's Name:	e:		