



**Before you apply:**

- Please visit, [calgary.ca/commercial](http://calgary.ca/commercial) to find more information on rules, requirements and fees
- **An approved address is required.** To ensure you have the correct address for your application, please email a Site Plan, Key Plan and Floor Plan(s) to: [addressing@calgary.ca](mailto:addressing@calgary.ca)
  - Please note, the processing time for address confirmation or generation is approximately 5-10 business days, you may contact the Addressing Team directly 403-268-8127 with questions

SECTION 1: Who is applying?	
<b>Applicant Details</b> <input type="checkbox"/> Property Owner <input type="checkbox"/> Representing Owner	
Applicant's Name:	Company Name (if applicable):
Applicant's Email:	Applicant's Phone Number (during business hours):
Mailing Address:	Postal Code:

**NOTE:** Correspondence and approval notification will be sent to only the applicant

SECTION 2: Where is the work happening?
Project Name:
Municipal Address:

SECTION 3: Who is doing the work?				
<b>General Contractor</b>	Company Name:	Business ID Number:		
<b>Professional Involvement</b> <input type="checkbox"/> N/A				
<b>Architect</b>	Company Name:	Full Name:	Email:	Phone Number:
<b>Structural Engineer</b>	Company Name:	Full Name:	Email:	Phone Number:
<b>Mechanical Engineer</b>	Company Name:	Full Name:	Email:	Phone Number:
<b>Electrical Engineer</b>	Company Name:	Full Name:	Email:	Phone Number:
<b>Geotechnical Engineer</b>	Company Name:	Full Name:	Email:	Phone Number:
<b>Sprinkler Engineer</b>	Company Name:	Full Name:	Email:	Phone Number:

**SECTION 4: What is the existing or proposed building classification?** (Check all options that apply)

For details about determining your building classification, please [click here](#)

<input type="checkbox"/> <b>Care:</b> (check all that apply) <input type="radio"/> With treatment <input type="radio"/> Without treatment	<input type="checkbox"/> <b>Industrial:</b> (check all that apply) <input type="radio"/> Low Hazard <input type="radio"/> Medium Hazard <input type="radio"/> High Hazard	<input type="checkbox"/> <b>Residential:</b> Number of dwelling units: <input type="checkbox"/> <b>Detention</b> <input type="checkbox"/> <b>Personal Service/Office/Business</b> <input type="checkbox"/> <b>Assembly</b>
<input type="checkbox"/> <b>Mercantile/Retail</b>		

Which of the following describes this business location?

First tenant in the space     
  New tenant     
  Existing tenant     
  No tenant (Leasehold improvement)

**SECTION 5: What is the scope of work?** (Click on the underlined keywords for applicable checklists)

Is there a Development Permit?       Yes DP Number:       No       N/A

<input type="checkbox"/> <u>New</u>	<input type="checkbox"/> <u>Interior Alterations</u>
<input type="checkbox"/> <u>Exterior Alterations</u>	<input type="checkbox"/> <u>Addition</u>
<input type="checkbox"/> <u>Repair After Fire</u>	<input type="checkbox"/> <u>Cannabis</u>
<input type="checkbox"/> <u>Demolition (Entire Building)</u>	<input type="checkbox"/> <u>Restaurants and Food Establishments</u>
<input type="checkbox"/> <u>Retaining Wall (Spanning 2 Lots)</u>	
<input type="checkbox"/> <u>Temporary Sales Center (Show Home)</u>	Indicate the length of time for the operation:

**Quick Release Projects**

<input type="checkbox"/> <u>Demising Walls</u>	<input type="checkbox"/> <u>Fire Alarm Upgrade/Repair</u>
<input type="checkbox"/> <u>Interior Partitions – Office</u>	<input type="checkbox"/> <u>Interior Demolition</u>
<input type="checkbox"/> <u>Parkade Repairs</u>	<input type="checkbox"/> <u>Revisions</u>

**Scope of Work Description**

Describe the scope of work (including partial permit, if applicable) :

**NOTE:** If the application does not meet the quick release requirements upon review, it will follow standard review times

**SECTION 6: Building Details**

Area of Renovation:		Total Estimated Value of Construction: \$
Total Building Area:		Restaurant Seating Capacity: <input type="checkbox"/> N/A
Building Footprint Area:	Total Number of Storeys:	Drinking Establishment Seating Capacity: <input type="checkbox"/> N/A

Does the application include a secondary suite?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Suites:	Suite Development Permit Number:
Will you require a partial permit for the building permit application?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the building fully sprinklered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will sprinklers be altered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the building equipped with a fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will the fire alarm be altered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standpipe and hose system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Municipal water supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE:** Your Building Permit will be reviewed and issued in a digital format. You will receive access to the stamped and approved digital copy once the permit has been issued

**Applicant’s Declaration:**

In relation to the submission of this application, I confirm that I am

- i. An owner of the parcel, an authorized agent of the owner of the parcel, or other person having legal or equitable interest in the parcel, and
- ii. If the parcel has a condominium board, I have consent from the condominium board to submit this application.

In addition, I certify that all information submitted with this application, including information shown on plans and documents, to be true and correct. Incomplete or inactive applications may be cancelled or refused at the discretion of the proper authority in accordance with their respective bylaw.

I agree to receive correspondence via electronic message related to this application.

FOIP DISCLAIMER: The personal information on this form is being collected under the authority of The Calgary Building Permit Bylaw 64M94 (Section 5) and amendments thereto, as well as section 33(c) of the [FOIP Act](#). This information is being collected for the purpose of permit review and inspection processes and may be communicated to relevant City Business Units, utility providers, and Alberta Health Services. It may also be used to conduct ongoing evaluations of services received from Planning & Development. **The name of the applicant and the nature of the permit will be available to the public,** as authorized by the FOIP Act. You may direct questions about the collection, use or disclosure of your personal information by the City of Calgary at 800 Macleod Trail SE Calgary, Alberta in relation to this program by emailing the FOIP Program Administrator for Planning and Development at [plngbldg@calgary.ca](mailto:plngbldg@calgary.ca) or by telephone at (403)268-5311.