



Construction Permit Application

New Single and Two Family Dwellings

(R2016-04)

Project		OFFICE USE ONLY	
Address			
<input type="checkbox"/> Single Family <input type="checkbox"/> Semi-detached <input type="checkbox"/> Duplex			
Owner			
Name		Phone Number (during business hours)	
Email			
Builder			
Builder is: <input type="checkbox"/> Same as Owner <input type="checkbox"/> Licensed Contractor			
Contractor Trade Name (if applicable)		Contractor Business ID	
Applicant			
Applicant is: <input type="checkbox"/> Same as Owner <input type="checkbox"/> Licensed Contractor <input type="checkbox"/> Representing Owner			
Business or Contractor Trade Name (if applicable)		Contractor Business ID	
If not an owner, registered business, or licensed business, please fill out contact information below			
Contact Name		Phone Number (during business hours)	
Email		City	
Address		Province	Postal Code
Electrical	Contractor Trade Name	Contractor Business ID	
Forced Air Heating	Contractor Trade Name	Contractor Business ID	
Gas	Contractor Trade Name	Contractor Business ID	
Gas Fireplace Installer	Contractor Trade Name	Contractor Business ID	
Hydronic Heating	Contractor Trade Name	Contractor Business ID	
Plumbing	Contractor Trade Name	Contractor Business ID	
Trenching	Contractor Trade Name	Contractor Business ID	
Temporary Gas for Construction Heat?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reclaimed Water System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ground Work Inspection Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Quick Trench Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydronic Heat Inspection Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Partial Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's Declaration: I hereby certify that I have read and examined this application and know the information to be true and correct. In addition, I certify that the information shown on all plans and drawings submitted with this application is true and correct. All provisions of restrictive caveats, covenants, utility rights-of-way, overhead wires, laws and bylaws governing this type of work on this property will be complied with whether specified herein or not.			
Print Name		Signature	
		Date YYYY MM DD	

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. It will be used for the 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. Please send inquiries by mail to the FOIP Program Administrator, Planning & Development, PO Box 2100, Station M, Calgary, AB T2P 2M5 or contact us by phone at 311.