



Project			
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 the 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?		Reclaimed Water System?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ground Work Inspection Required?		Quick Trench Program?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Hydronic Heat Inspection Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Partial Permit Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the application include a secondary suite? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Suites:	Suite Development Permit Number:
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)

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

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.