



Part A			
Declaration:			
I _____ of _____ (name) (address)			
City _____ Province _____			
Declare that I am the: <input type="checkbox"/> Registered Owner <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Authorized Tenant of the Registered Owner <input type="checkbox"/> Other (including Purchaser) and hereby make application for the Permit to Occupy the building or portion of the building herein described.			
Business Name:			
Use or Intended Use:			
Project Address:			Postal Code:
Legal Description:	Plan	Block	Lots(s)
Owner of Property:			
Address of Owner:			Postal Code:
City:			Province:
I further declare that the building or portion of the building meets the requirements set out in the Alberta Building Code and where applicable conditions set under examined Building Permit Application, Tenancy Change Application and Development Permit Application.			
Building Permit Number:		Development Permit Number:	
Applicant's Signature		Date (YYYY-MM-DD)	

Part B				
Where required, a signature of the authority(ies) noted below must be obtained prior to final approval by the Building Safety Codes Officer (SCO). An Occupancy Permit will be issued following approval by the Building Safety Codes Officer (SCO).				
Required	Development Completion Permit 403-268-5311	Name (Please Print)	Signature	Date (YYYY-MM-DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing & Gas SCO 3-1-1	Name (Please Print)	Signature	Date (YYYY-MM-DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mechanical SCO 3-1-1	Name (Please Print)	Signature	Date (YYYY-MM-DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Community Standards Calgary Fire Department 3-1-1	Name (Please Print)	Signature	Date (YYYY-MM-DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alberta Health Services 403-943-2288	Name (Please Print)	Signature	Date (YYYY-MM-DD)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical SCO 3-1-1	Name (Please Print)	Signature	Date (YYYY-MM-DD)
Required <input checked="" type="checkbox"/> Yes	Building SCO 3-1-1 (Obtain Last)	Name (Please Print)	Signature	Date (YYYY-MM-DD)

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 & Assessment. 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 & Assessment, PO Box 2100 Station M, Calgary, AB T2P 2M5 or contact us by phone at 3-1-1.