



**Town of Millet**

P.O. Box 270  
Millet AB T0C 1Z0  
Phone: 780 387 4554  
Fax: 780 387 4459  
www.millet.ca  
development@millet.ca

Permit Number \_\_\_\_\_

Tax Roll Number \_\_\_\_\_

**The Inspections Group Inc.**

12010 - 111 Avenue NW  
Edmonton AB T5G 0E6  
Phone: 780 454 5048 Toll Free: 1 866 554 5048  
Fax: 780 454 5222 Toll Free: 1 866 454 5222  
www.inspectionsgroup.com  
questions@inspectionsgroup.com

**BUILDING PERMIT APPLICATION**

Application Date (DD MMM YYYY) \_\_\_\_\_

Estimated Project Completion Date (DD MMM YYYY) \_\_\_\_\_

APPLICANT TYPE  Homeowner  Contractor

Cost of Installation (Labour & Material) \$ \_\_\_\_\_

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

2 Sets of plans / specifications or 1 PDF set of plans / specifications & payment must accompany this application (Obtain a New Home Warranty where applicable). NHW# \_\_\_\_\_

PRINT OWNER NAME \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email \_\_\_\_\_

**Owner's Signature / Declaration (Single Family Residential Only)**

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property.

I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

PRINT COMPANY NAME \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Cell \_\_\_\_\_ Email \_\_\_\_\_

Contractor/Architect/Engineer Name \_\_\_\_\_

Signature \_\_\_\_\_

Builder License Number (if required) \_\_\_\_\_

PROJECT LOCATION IN THE TOWN OF MILLET Development Permit Number \_\_\_\_\_ Work  not started  in progress  complete

Street Address: \_\_\_\_\_

Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ h Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Directions: \_\_\_\_\_

BUILDING TYPE	TYPE OF WORK	BUILDING USE	BUILDING AREA IN SQ. FT.
<input type="checkbox"/> Dwelling Unit	<input type="checkbox"/> New Construction	<input type="checkbox"/> Farm	Number of stories _____
<input type="checkbox"/> Detached/Attached Garage	<input type="checkbox"/> Foundation	<input type="checkbox"/> Single/Multi Residential	Main area _____
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Relocation	<input type="checkbox"/> Commercial	2 <sup>nd</sup> floor _____
<input type="checkbox"/> Basement Development	<input type="checkbox"/> Addition	<input type="checkbox"/> Industrial	Basement _____
<input type="checkbox"/> Deck <input type="checkbox"/> Covered / <input type="checkbox"/> Not Covered	<input type="checkbox"/> Renovation	<input type="checkbox"/> Institutional	Garage _____
<input type="checkbox"/> Solid fuel burning appliance	<input type="checkbox"/> Demolition	<input type="checkbox"/> Oil & Gas	Total Area _____
Certification # _____	<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Other (specify) _____	Deck _____
<input type="checkbox"/> Foundation Type _____	<input type="checkbox"/> Manufactured Home*	<b>ENERGY COMPLIANCE METHOD</b>	<b>PROFESSIONAL INVOLVEMENT</b>
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Modular Home*	<input type="checkbox"/> Performance	Does the building require full Professional involvement? <input type="checkbox"/> YES <input type="checkbox"/> NO
	*CSA # _____	<input type="checkbox"/> Trade Off	If YES, are the following Professional schedules included?
	Basement developed at time of construction? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prescriptive	<input type="checkbox"/> A1 Coordinating Professional <input type="checkbox"/> A2, B1 & B2 for Architect & Engineer

DESCRIPTION OF WORK \_\_\_\_\_

\*Manufactured Home – transportable in single or multiple sections; is ready for residential occupancy upon completion of setup.

\*Modular Home – assembled at site in sections; sections have no chassis, running gear nor its own wheels.

A building SCO will conduct the minimum inspections required as outlined in the Quality Management Plan for each project type. I understand, as the applicant of this permit that I can request additional inspections for a fee of \$95 per inspection. (Plus Levy)

Note: refer to the QMP and your plan review for required inspections. Applicant Signature \_\_\_\_\_

Payment Type  Cash  Cheque  Interac  
Permit Fee \$ \_\_\_\_\_  
+ SCC Levy\* \$ \_\_\_\_\_  
Total Cost \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_  
SCC Levy \*\$4.50 or 4% of the permit fee maximum \$560.00

REMIT PAYMENT AND APPLICATION TO THE TOWN OF MILLET

**OFFICE USE ONLY**

Print Issuing Officer's Name \_\_\_\_\_

Issuing Officer's Signature \_\_\_\_\_

Designation Number \_\_\_\_\_

Permit Issue Date (DD MMM YYYY) \_\_\_\_\_

**PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS, ALLOWING UP TO 5 WORKING DAYS OF THE REQUESTED INSPECTION DATE.**

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality