

Town of Bow Island PO Box 100 Bow Island, Alberta, TOK 0G0 PH: (403) 545-2522 townoffice@bowisland.com www.bowisland.com



The Inspections Group Inc 2825 18 Avenue N Lethbridge, Alberta, T1H 6T5 PH: (587) 787-4143 TF: 1 (888) 852-3558 Fax: (587) 787-4142

south@inspectionsgroup.com www.inspectionsgroup.com

Please submit all permit applications to south@inspectionsgroup.com for review and processing.

BUILDING PERMIT APPLICATION FORM							
Development Permit Number: Estimated Project Completion Date:							
New Home Warranty Number (if applicable):				Project Value (labour and material): \$			
Applicant Type: Owner	Contractor			Work: has not st	arted is in progres	ss is complete	
OWNER / APPLICANT: Mailing Address:							
City:	Prov:	_ Postal Code: _		Phone:	Fax:		
Cell:	Email:						
CONTRACTOR: Mailing Address:							
City:	Prov: Postal Code:			Phone: Fax:			
Cell:	Email:						
PROJECT LOCATION:							
Municipality: Subdivision / Hamlet Name:							
Street Address:							
Legal Land Description: LSD:	Part of: _	Section	:	Township:	Range:	_West of:	
Lot: Block:	Plan:			Tax Roll	Number:		
Directions:							
BUILDING TYPE:	TYPE OF WO	ORK:	BUILI	DING USE:	BUILDING AREA:	☐ m² ☐ ft²	
☐ Single Family Residential	☐ New Construction		□R	esidential	Main Floor		
☐ Multi-Family Residential	☐ Relocation		□ c	ommercial	Second Floor		
☐ Basement Development	☐ Addition		☐ In	dustrial	Third Floor		
☐ Secondary Suite	☐ Renovation		☐ Institutional		Basement		
☐ Wood-Burning Appliance	☐ Demolition		□ 0	il & Gas		veloped: Yes No	
☐ Deck	☐ Change of Occupancy		☐ Other (specify)		Garage _	veloped. 🖺 163 🖺 110	
☐ Accessory Building	☐ Manufactured Home*☐ Modular Home*						
☐ Swimming Pool, Hot Tub					Total Area		
Roof-Mounted Solar	******				Deck _		
Other (specify)	*CSA #:				Porch, Veranda _		
	*S/N #:				Other (specify)		
DESCRIPTION OF WORK:							
Permit Applicant's Name (print) Permit Applicant's Signature Homeowner's Signature (homeowner permit only) I hereby declare that I am the owner of the premises where the work will be conducted and/or currently reside or intend to reside on the property. I assume responsibility for ensuring compliance with the applicable Act and Regulations.							
TIGI OFFICE USE ONLY							
PAYMENT TYPE: APPLICATION DETAILS:							
☐ Cheque ☐ Mastercard ☐ Visa ☐ AMEX ☐ Interac ☐ e-Transfer ☐ Invoice							
Permit Fee: \$				Application Date:			
+ SCC Levy*: \$				Permit Number:			
= Total Cost: \$ Receipt #:							