



City of Lacombe
BUILDING PERMIT
Land Use By-Law 400

5432 56th Avenue
Lacombe, AB T4L 1E9
Ph. 403.782.1264
Fax 403.782.5655

Application Number: 61/25

To Be Completed By Landowner/Applicant: Do you have a Business License with the city of Lacombe? Yes No Permit Applicant Type: Owner Applicant/Contractor

Application Date: Estimated Completion Date: New Home Buyers Protection Act Registration #

Landowner Name (s):
Mailing Address:
City: Prov:
Postal Code: Phone:
Alt Phone: Fax:
Email Address:

Applicant/ Contractor Name: (Same)
Mailing Address:
City: Prov:
Postal Code: Phone:
Alt Phone: Fax:
Email Address:

Architect and/or Engineer (if applicable): Phone:
Mailing Address: City: Postal Code:

Address of Property to be Developed:

Project Information: Commercial Residential Multi Family Industrial Institutional
Type of Work: New Renovation Addition Accessory Building Basement Dev. Manufactured Home Demolition Deck Hot Tub
Existing Secondary Suite New Secondary Suite Occupancy Other:
Sq. meters Sq. feet No. of Stories: Estimated Construction Value: \$

Main Area:
2nd Floor Area:
Basement Area:
Garage Area:
Developed Yes No
Detached Attached

Detailed Description of Work and/or intended use or occupancy of the building:

PERMIT APPLICANT DECLARATION: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The personal information that you provide to the City of Lacombe is collected under the authority of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act - Section 33(c).

Permit Applicant Name (s) (Please Print): x Permit Applicant Signature (s): x
Landowner Name (s) (Please Print): x Landowner Signature (s): x

To Be Completed By Developing Authority : DP ID: Tax Roll Number: Land Use District (Zone):

LAND ID: LOT: BLOCK: PLAN:

Subdivision Name: District Overlay:

Calculated Value: \$ Rate: Total Developed Area : Sq. Ft./M

Permit Fee: \$ *SCC Levy: \$ TOTAL FEE: \$ Receipt #

Permit Validation Section to be completed by the Building Safety Codes Officer:
For conditions of this approval please see the attached "Plans Review" as completed by the Building Inspector.

SCO's Name (print or type) SCO's Signature
SCO's Designation Number Date of Issue (M/D/Y):



INSPECTION REQUESTS please contact IJD INSPECTIONS LTD at:
P. 403-346-6533 or 1-877-617-8776 or online at www.ijd.ca
Allow 48 hours notice for inspection.