



CITY OF LLOYDMINSTER BUILDING PERMIT

Permit Number

Permit Applicant Type: Owner Contractor *New Home Buyer Protection Act Registration Number (NHBA):* _____

Application Date (M/D/Y): _____ Development Permit Number: _____

Estimated Completion Date (M/D/Y): _____ Tax Roll Number: _____

APPLICANT INFORMATION	
Owner Name: _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Alt Phone: _____ Fax: _____ Email Address: _____	Contractor Name: _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Alt Phone: _____ Fax: _____ Email Address: _____

Architect and/or Engineer (if applicable): _____ Phone: _____

Mailing Address: _____ **City:** _____ **Postal Code:** _____

SITE INFORMATION
Civic Address of Property to be Developed: _____
 Lot: _____ Block: _____ Plan: _____ Subdivision Name: _____

CONSTRUCTION INFORMATION
Project Information: Commercial Residential Multi Family Industrial Institutional
Type of Work: New Addition Renovation Accessory Building Basement Dev. Manufactured Home Secondary Suite Wood Stove Deck
 Demolition Change of Use Other _____ **Building Classification:** _____
 sq. meters sq. feet **No. of Stories:** _____
Main Floor Area: _____
2nd Floor Area: _____
Basement Area: _____
 Developed Yes No
Garage Area: _____
 Detached Attached

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

APPLICATION TERMS & CONDITIONS

Terms and Conditions: I hereby agree that I have read this application and state that the above is correct and agree to comply with all City Bylaws and/or Provincial Laws which are applicable to this application. It is expressly understood that the issuing of a building permit and review of plans does not relieve the applicant or owner from complying with all Bylaws, though not called for in the specifications or shown on the plans or information submitted and/or this application. Approval is subject to compliance with the conditions under which the Building Permit has been issued. Failure to comply with all the conditions of approval and/or construction regulations of the City of Lloydminster, or any deviation from information or plans submitted will result in a Stop Work Order being issued.

_____ _____ _____

Permit Applicant Name (Please print) Permit Applicant Signature Owner's Signature

PERMIT FEES & PAYMENT INFORMATION (For Office Use Only)
Construction Value: \$ _____ **Permit Fee:** \$ _____
Payment Method: Visa M/C Debit Cheque Cash Cheque Number / Authorization: _____
Credit Card #: _____ Expiry Date: _____ Date of Authorization: _____
Name of Cardholder: _____ Signature of Cardholder: _____

PERMIT VALIDATION SECTION (For Office Use Only) **Inspecting SCO:** _____
Special Conditions: _____

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



INSPECTION REQUESTS please contact Superior Safety Codes at:
 Ph. 780-870-9020 Fax 780-870-9036
 Allow 48 hours notice for inspection