



Building Permit

IJD Inspections Ltd.

3235A-50th Avenue, Red Deer AB T4N 3Y1
Phone (403) 346-6533 Fax (403) 347-2533
Toll Free 1-877-617-8776



Summer Village of Gull Lake

Permit File # _____
EPS # 138- _____

Applicant Section (to be completed by the permit applicant)

| | | | |
|-------------------|------------|--------------------|--|
| Owner Name: _____ | | Address: _____ | |
| Phone: _____ | Fax: _____ | Postal Code: _____ | |
| Contractor: _____ | | Address: _____ | |
| Phone: _____ | Fax: _____ | Postal Code: _____ | |

Architect and/or Engineer (if applicable): _____

Project Location: S.V. of Gull Lake Street Address _____

Lot: _____ Block: _____ Plan: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Project Information:

Type of Work: New Construction Addition Repair Alteration Other

Intended use or occupancy of the building: _____

Building Area (ft²): _____ Number of Storeys: _____ Expected Completion Date: _____

Description of Work: _____

Value of Work (materials and labor): \$ _____

_____ x _____

Permit Applicant's Name (print or type) Permit Applicant's Signature

Permit Validation Section (Office Use Only)

Documents Received Date: _____

Special Conditions: _____

See Plan Review Report _____ See Handout Included _____

Issuing Officer's Name (print or type) Issuing Officer's Signature

Issuing Officer's Designation # Date of Issue

| | |
|-------------------|---|
| Permit Fee: _____ | Comments: _____ |
| SCC Fee: _____ | |
| Total Fee: _____ | Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Invoice |