

Planning & Development
5600 - 49 Street
Beaumont, AB T4X 1A1
780-929-8782
development@beaumont.ab.ca

DATE RECEIVED
OFFICE USE ONLY

DATE PAID
OFFICE USE ONLY

Note:
Development, Electrical, Plumbing, and Gas Permits each have their own application forms.

Property Information		
Street Address: _____		
Plan: _____	Block: _____	Lot: _____

Applicant and Property Owner Information	
Applicant/Contractor Name: _____	
Mailing Address: _____	
Town: _____	Postal Code: _____
Phone: _____	Cell Phone: _____
Email (required): _____	

Is the Applicant also the Registered Owner?	
<input type="checkbox"/> Yes (Do not fill out below)	<input type="checkbox"/> No (Fill out below - written authorization from registered owner required)
Owner Name: _____	
Mailing Address: _____	
Town: _____	Postal Code: _____
Phone: _____	Cell Phone: _____
Email (required): _____	

Proposed Development		
Building Permit for <input type="checkbox"/> New Building OR <input type="checkbox"/> Tenant improvements		
Use of Occupancy <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Multi-Family		
Description of Work:		
Construction Value*: <small>(Approximate cost of material & labour)</small>	Estimated Occupancy Date:	Square Footage (m ²):
\$		
Has work on the above indicated item already commenced? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Contractor Business License #:		
* Construction Value required for building permits ** NOTE: Construction must start within 90 days of issuance and this permit is valid for one (1) year from date of issuance		

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Permit Number: _____	
DP Number: _____	
Mail <input type="checkbox"/>	Pick-up <input type="checkbox"/>
<input type="checkbox"/> Authorization or ID Received	
Land Use District: _____	
Tax Roll: _____	

Fees	Receipt #:
Building Permit: _____	
Safety Code Council: _____	
Electrical Permit: _____	
Safety Code Council: _____	
Plumbing Permit: _____	
Safety Code Council: _____	
Gas Permit: _____	
Safety Code Council: _____	
Street Cleaning: _____	
Construction Water: _____	
Water Testing: _____	
*Sidewalk Inspection: _____	
*GST: _____	
Business License: _____	
Other: _____	
Total Fees: _____	

Applicant Authorization	
<ol style="list-style-type: none"> I am the owner/agent with the consent and authority of the owner that is the subject matter of this permit application. I hereby give my consent to allow any authorized person pursuant to the Municipal Government Act Section 542 the right to enter the land and/or building(s) with respect to this application only. I understand this is only an application and does not constitute approval to commence construction. I declare that the information contained in this application is correct and true to the best of my knowledge. I declare that I will notify the Development Authority of any proposed changes to the plans submitted with this application. I consent to receiving notifications & correspondence regarding this application via email to the address provided on this application. I agree 	
Applicant Signature: _____	Date: _____

Building Permit		
<i>See Attached Report</i>		
Safety Codes Officer: _____	Designation No. _____	Date: _____