

## SOLAR PERMIT APPLICATION CHECKLIST

ALL of the requirements set out in this checklist are necessary for the review of the application and for a timely decision to be rendered. To expedite the evaluation, staff have been instructed to accept only complete applications.

- ☐ Digital submissions must be in legible, clear, to scale and in PDF format only and emailed to [development@beaumont.ab.ca](mailto:development@beaumont.ab.ca)
- ☐ Hard copy applications can be dropped at the City Office (5600 49 St) between 8:30am – 4:30pm (Closed from 12:00pm-1:00pm)

### APPLICATION REQUIREMENTS

- ☐ Permit Application Form
  - ☐ Project address & legal description
  - ☐ Applicant name, mailing address, phone number and email
  - ☐ Owner information completed
  - ☐ Construction Value
  - ☐ All applicable fields completed
  - ☐ Ensure application is not cut off
  - ☐ Signed and Dated
- ☐ Building Permit Authorization – To be completed only if applicant is not the registered homeowner
  - ☐ Owner name, mailing address, phone number and mail
  - ☐ Applicant name, mailing address, phone number and mail
  - ☐ All applicable fields completed
  - ☐ Ensure form is not cut off
  - ☐ Signed and Dated

### BUILDING PERMIT REQUIREMENTS

- ☐ Site Plan – must include:
  - ☐ Proposed layout of solar panels
  - ☐ Details of any structural changes
- ☐ System Component Details (System components and their installation must comply with applicable codes, standards and regulations)
  - ☐ Collector(s)
  - ☐ Controller(s)
  - ☐ Inverter (s)
- ☐ Engineered Racking details (include ballast detail and installed system weight)
- ☐ Schematics or Site specific line diagram (ensure that all Part 3 Structure plans, elevations, details and schematics have been prepared by a professional engineer)
- ☐ Total kW capacity
- ☐ PERMIT FEES are calculated via the current Fee Schedule from our website at [www.beaumont.ab.ca](http://www.beaumont.ab.ca)
  - ☐ Staff will phone to arrange payment ONLY after verifying the application is complete.
- ☐ Electrical Permit Application Form to be submitted to [questions@inspectionsgroup.com](mailto:questions@inspectionsgroup.com)

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:**  
Electrical, Plumbing and Gas Permits each have their own application forms to be submitted to: questions@inspectionsgroup.ca

Property Information

Street Address: \_\_\_\_\_

Plan: \_\_\_\_\_Block: \_\_\_\_\_Lot: \_\_\_\_\_

Applicant and Property Owner Information

Applicant/Contractor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_Cell Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_

Is the Applicant also the Registered Owner?

☐ Yes (Do not fill out below)

☐ No

(Fill out below - written authorization from registered owner required)

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_Cell Phone: \_\_\_\_\_

Email (required): \_\_\_\_\_

Proposed Development

Construction Value: \_\_\_\_\_ \$  
(Approximate cost of material & labour)

I am applying for a: ☐ Development Permit AND/OR ☐ Building Permit

Check one of the following:  
Additional Dwelling Unit - Sq Ft: \_\_\_\_\_ - Number of proposed bedrooms in Dwelling: \_\_\_\_\_  
Accessory Building (other than Garage) - Sq Ft: \_\_\_\_\_  
Detached Garage - Sq Ft: \_\_\_\_\_  
Basement Development\* - Sq Ft: \_\_\_\_\_  
Covered Deck - Sq Ft: \_\_\_\_\_  
Uncovered Deck - Sq Ft: \_\_\_\_\_  
Hot Tub - Sq Ft: \_\_\_\_\_  
Corner Lot Fence\*\*  
Other: \_\_\_\_\_  
Home Based Business\*\*\* - Major Minor - Business Name: \_\_\_\_\_

Has work on the above indicated item already commenced? ☐ Yes ☐ No

\*No Development Permit Required \*\*No Building Permit Required \*\*\*Business License Required, Building Permit may be required

OFFICE USE ONLY

Permit Number: \_\_\_\_\_

Land Use District: \_\_\_\_\_

Tax Roll: \_\_\_\_\_

☐ Permitted Use  
☐ Permitted Use w/ Variance  
☐ Discretionary Use

Fees	Receipt #:
Development Permit:	_____
Building Permit:	_____
Safety Code Levy:	_____
Variance:	_____
Notification Fee:	_____
GST:	_____
Other:	_____
Total Fees:	_____

Applicant Authorization

1. I am the owner/agent with the consent and authority of the owner that is the subject matter of this permit application.

2. I give consent to allow 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.

3. I understand this is only an application and does not constitute approval to commence construction.

4. I acknowledge that notification fees associated for a discretionary use or variance application will be billed to me separately at cost. I will be notified of required payment of these fees via email that I have provided on this form. I am aware that not paying these fees promptly will cause delays in the review of my application.

5. I declare that the information contained in this application is correct and true to the best of my knowledge.

6. I declare that I will notify the Development Authority of any proposed changes to the plans submitted with this application.

7. I consent to receiving notifications & correspondence regarding this application via email to the address provided on this application.

8. By checking the "I agree" box, you agree and authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature.

I agree ☐

Applicant Signature: \_\_\_\_\_Date: \_\_\_\_\_

OFFICE USE ONLY

Development Permit

Date Deemed Complete: \_\_\_\_\_

Date of Decision: \_\_\_\_\_  
(See attached Notice of Decision)

Building Permit

See Attached Report

Safety Codes Officer: \_\_\_\_\_Designation No. \_\_\_\_\_Date: \_\_\_\_\_

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used for the purpose of permit review and inspection processes and may be communicated to relevant City Business Units, utility providers, and Alberta Health Services. It may also be used to conduct ongoing evaluations of services received from City Business Units. The name of the applicant and the nature of the permit will be available to the public. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782.

Updated: 2025-08-05

**Owner Information:**

I (We), \_\_\_\_\_ being the registered land owners of:  
(name(s) of Registered Land Owner(s))

Municipal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Legal Description: Plan: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Owner Phone number: \_\_\_\_\_

Owner Email: \_\_\_\_\_

Do hereby authorize the below to make an application for the necessary development / building permits required to complete the project associated with this application:

**Applicant Information:**

Applicant/Contractor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**ALL REPORTS WILL BE PROVIDED TO OWNER AND APPLICANT**

**Registered Land Owner(s):**

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorization:**

By checking the "I agree" box, you agree and authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature.  
I agree ☐

The personal information requested on this form is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used for the purpose of permit review and inspection processes and may be communicated to relevant City Business Units, utility providers, and Alberta Health Services. It may also be used to conduct ongoing evaluations of services received from City Business Units. The name of the applicant and the nature of the permit will be available to the public. If you have any questions about the collection or use of your personal information, contact the City of Beaumont's FOIP Coordinator at 5600-49th Street, Beaumont, Alberta, T4X 1A1 or 780.929.8782.



City of Beaumont  
5600 49 Street  
BEAUMONT AB T4X 1A1  
Phone: 780 929 8782  
www.beaumont.ab.ca



## ELECTRICAL PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: ☐ Homeowner ☐ Contractor

Cost of Installation (Labour & Material Including Equipment) \$

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

Owner Name: Mailing Address:

City: Prov: Postal Code: Phone: Fax:

Cell: Email:

### Owner's Signature / Declaration (Single Family Residential Only)

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Company Name: Mailing Address:

City: Prov: Postal Code: Phone: Fax:

Cell: Email:

Master Electrician Number

Master Electrician Name

Master Electrician Signature

### Project Location in the City of Beaumont:

Street Address: Tax Roll #:

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

Subdivision Name: Lot: Block: Plan:

Directions:

#### BUILDING TYPE:

- ☐ Single / Multi Family Dwelling  
☐ Commercial  
☐ Residential  
☐ Industrial  
☐ Institutional  
Square Feet: \_\_\_\_\_

#### TYPE OF WORK:

- ☐ New Work  
☐ Renovation  
☐ Connection  
☐ Temporary Service  
☐ Other  
\_\_\_\_\_

#### SERVICE INFORMATION:

Does this installation Require a Service Connection  
☐ Yes ☐ No

SUPPLY SERVICE: ☐ Overhead ☐ Underground

Service Information: Amps: \_\_\_\_\_

Volts: \_\_\_\_\_

Phase: \_\_\_\_\_

ANNUAL PERMIT: ☐ Yes ☐ No

Description of Work: \_\_\_\_\_

Payment Type: ☐ Cash ☐ Cheque ☐ Interac ☐ M/C ☐ Visa

Permit Fee: \$ \_\_\_\_\_

+ SCC Levy\*: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

\*\$4.50 or 4% of the permit fee maximum \$560.00

#### The Inspections Group Inc.

300W, 14310 111 Avenue NW  
Edmonton AB T5M 3Z7

Phone: (780) 454 5048 Toll Free: (866) 554 5048  
Fax: (780) 454 5222 Toll Free: (866) 454 5222

www.inspectionsgroup.com

questions@inspectionsgroup.com

#### REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

#### PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING UP TO 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.