

CITY OF BEAUMONT Additional Dwelling Unit Permit Application Checklist

To avoid processing delays, all forms and development and building permit requirements listed below must submitted at time of application.
Permit Application Form
Consent form- to be completed only if applicant is not the registered homeowner
Electrical Permit Application Form – must be completed and submitted by licensed electrician
☐ Plumbing Permit Application Form – must be completed and submitted by licensed plumber
Gas Permit Application Form – must be completed and submitted by licensed gas fitter
Building Permit Requirements Provide a FLOOR PLAN which must include all of these listed elements. Separate entrance details Proposed and existing rooms The room use - furnace room, bathroom, family room, bedroom Details of any structural changes Locations and sizes of both doors and windows Countertops, all fixtures and appliances - tub, shower, sink, fireplace, fridge, stove Sound control - drawings or information submitted shall indicate the installation of sound absorbing insulation and resilient channel in ceilings and walls separating the additional dwelling from the principle dwelling including common areas where noise may be transmitted.
Indicate an independent heating and ventilation system will be installed – separate from the main dwelling unit.
Development Permit Requirement
Provide a Site Plan of your Lot Showing one (1) parking stall per unit
Fees (See Fee Schedule) MUST BE PAID AT TIME OF APPLICATION (cheques payable to City of Beaumont)

Questions regarding your application: $\underline{\text{development@beaumont.ab.ca}} \mid 780\text{-}929\text{-}8782$



Residential Permit Application Combined Development & Building Permit

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

 $\textbf{Note:}\ \mathsf{You}\ \mathsf{may}\ \mathsf{apply}\ \mathsf{for}\ \mathsf{a}\ \mathsf{Building}\ \mathsf{Permit}$ and/or a Development Permit with this one combo application. Electrical, Plumbing, and Gas Permits each have their own application

acroophicite beaution.ab.ed					
Property Information	OFFICE USE ONLY				
Street Address:	Permit Number:				
Plan: Block:	Lot: Mail Pick-up				
Applicant and Property Owner Information	☐ Authorization or ID Received				
Applicant/Contractor Name:	Land Use District:				
Mailing Address:	Tax Roll:				
Town: Postal Code	e:Permitted Use				
Phone: Cell Phone:	□ Permitted Use w/ Variance				
Email (required):	□ Discretionary Use				
Is the Applicant also the	out below - written horization from registered Value Valu				
Registered Owner? Li Yes (Do not fill out below)	ner required) Development Permit:				
Owner Name:	Building Permit:				
Mailing Address:	Safety Code Council:				
Town: Postal Code Phone: Cell Phone:	e: Electrical Permit:				
Email (required):	SCC Electrical:				
Proposed Development	Plumbing Permit:				
Construction Value:	SCC Plumbing:				
(Approximate cost of material & labour)					
I am applying for a: □Development Permit AND/OR □Building Permit	Gas Permit:				
Check one of the following:	SCC Gas:				
□Uncovered Deck ^{SQFT:} □Hot Tub ^{SQFT:} □Accessory Buildin	ng (Other than Garage) SQ FT: Variance:				
☐ Covered Deck SOFT: ☐ Corner Lot Fence** ☐ Accessory Buildin	ng (Detached Garage) SQFI : Notification Fee:				
□Other: Basement Develo					
□Additional Dwelling Unit SQFT: Number of Bedrooms in	Other:				
D. A. N.	Total Fees:				
□Home Based Business*** □Major □Minor Business Name:					
Has work on the above indicated item already commenced? \(\text{Yes} \) \(\text{No} \)					
*No Development Permit required **No Building Permit required Permit n	may be required				
Applicant Authorization					
I am the owner/agent with the consent and authority of the owner that is the subject matter I hereby give my consent to allow any authorized person pursuant to the Municipal Government.					
application only. 3. I understand this is only an application and does not constitute approval to commence construction.					
4. I declare that the information contained in this application is correct and true to the best of my knowledge. 5. I declare that I will notify the Development Authority of any proposed changes to the plans submitted with this application.					
6. I consent to receiving notifications & correspondence regarding this application via email to the address provided on this application. 7. By checking the "I agree" box above, you agree and authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature.					
Electronic 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	n No				



5600 - 49 Street Beaumont, Alberta T4X 1A1

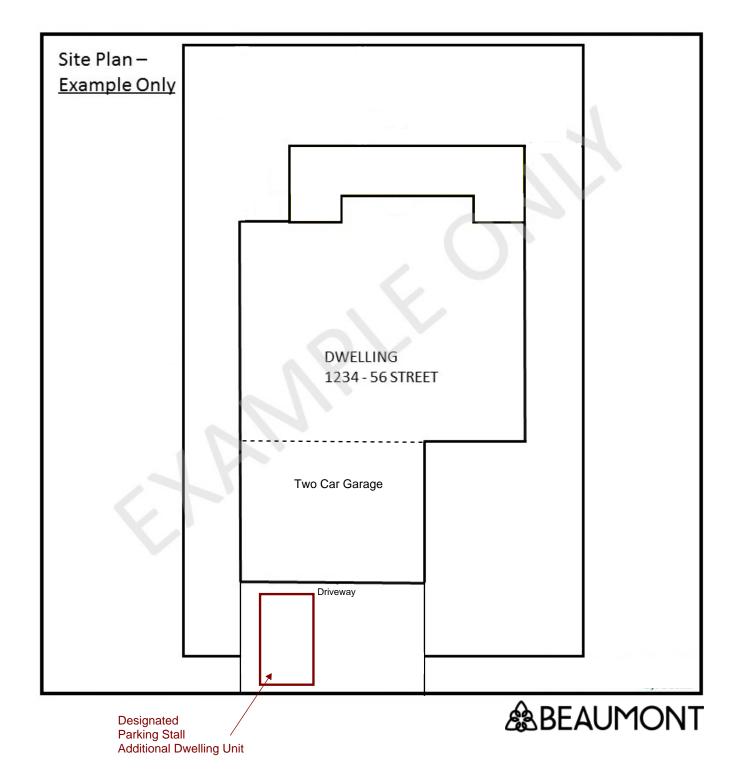
Phone: (780) 929-8782 Fax: (780) 929-3300

Email: development@beaumont.ab.ca

DEVELOPMENT / BUILDING PERMIT AUTHORIZATION FORM

OWNER INFORMATION	
I (We),	
(name(s) of Registered Land O	wner(s)
being the registered land owners of:	
Municipal Address:	Postal code
Legal Description:	
Owner Phone number:	
Owner Email:	
Do hereby authorize: APPLICANT INFORMATION	
Company:	
Contact Name:	
	Postal code
Phone:	
For Commercial Only: Owner is responsible for all costs associate piping, and removal and/or replacement	ated with water metering changes, including all of water meter(s). Changes are required to water
ALL REPORTS WILL BE PRO	OVIDED TO OWNER AND APPLICANT
(Print name of Registered Land Owner)	(Print name of Registered Land Owner)
(Signature of Registered Land Owner)	(Signature of Registered Land Owner)
Date	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.





City of Beaumont

5600 49 Street BEAUMONT AB T4X 1A1 Phone: 780 929 8782

www.beaumont.ab.ca



ELECTRICAL PERMIT APPLICATION FORM

Application Date: <u>DD / MMM / YYY</u>	Υ	Estimated Project Completion Date:			
Applicant Type: Homeowner Cont The Permit Holder hereby certifies that this installation days of issue of the permit, (b) is suspended or abando	will be completed in accordance	Cost of Installation (Labour & Material Including Equipment) \$ 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. An extension can be considered when applied for in writing prior to permit expiry date.			
Owner Name:		Mailing Add	ldress:		
City:	Prov: Postal	Code:	Phone: Fax:		
		Cell:	: Email:		
Owner's Signature / Declaration (Single Fa "I hereby declare I am the owner of the premi- for compliance with the applicable Act and Re	ses in which the work will be		or will reside on the property. I am doing the work myself, and assume responsibility		
Company Name:		Mailing Add	ldress:		
City:	Prov: Postal (Code:	Phone:Fax:		
Cell:	Email:				
Master Electrician Number		er 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:	TYPE OF WOR	RK:	SERVICE INFORMATION:		
☐ Single / Multi Family Dwelling	☐ New Work		Does this installation Require a Service Connection		
☐ Commercial	☐ Renovation	1	☐ Yes ☐ No		
☐ Residential	☐ Connection	1	SUPPLY SERVICE: ☐ Overhead ☐ Underground Service Information: Amps:		
☐ Industrial	☐ Temporary	Service	Service Information: Amps: Volts:		
☐ Institutional	☐ Other		Phase:		
Square Feet:					
			ANNUAL PERMIT: ☐ Yes ☐ No		
Description of Work:	•				
Payment Type:	☐ Interac ☐ M/C ☐ Visa				
Permit Fee: \$			The Inspections Group Inc. 300W, 14310 111 Avenue NW Edmonton AB T5M 3Z7		
+ SCC Levy*: \$			Phone: (780) 454 5048 Toll Free: (866) 554 5048 Fax: (780) 454 5222 Toll Free: (866) 454 5222		
Total Cost: \$	Receipt #:		www.inspectionsgroup.com questions@inspectionsgroup.com		
*\$4.50 or 4% of the permit fee maximum \$560	0.00				

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.



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PLUMBING PERMIT APPLICATION FORM

Application Date:	DD / MMM / YYYY	Estimated Project Completion Date:DD / MMM / YYYY					
	Homeowner	Cost of Installation (Labor & Material Including Equipment):					
			Codes Act. A permit may expire if the undertaking sidered when applied for in writing prior to permit	ng to which it applies: (a) is not commenced within 90 expiry date.			
Owner Name:		Maili	ng Address:				
City:	Prov:	Postal Code:	Phone:	Fax:			
		Cell·	Fmail:				
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:		Mailiı	ng Address:				
City:	Prov:	Postal Code:	Phone:	Fax:			
Cell:	Email:						
Installer's Number	Print Installer	s Name	Installer'	Installer's Signature			
Project Location in	the City of Beaumont:						
Street Address:			Tax Roll #:				
Legal Subdivision: P	art of: Section:	:Township	o: Range:	West of:			
Subdivision Name:		Lot:	Block: Pla	n:			
Directions:							
TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:	WATER	AND OR SEWER SERVICE:	PLUMBING DESCRIPTION OF WORK:			
☐ Residential	Kitchen Sinks	Disc	onnect from Septic Connect to				
☐ Farm/Ranch	Basins		icipal Sewer				
☐ Commercial	Showers						
☐ Industrial	Toilets						
☐ Oilfield/Gas	Washers	□ Wate	er and/or Sewer Services				
☐ Institutional	Bathtubs						
	Floor Drains	Mobi	ile Home/Factory Assembled				
☐ Mobile	Grease Traps Bidets/Water Fountains	——— Build	ding Connection				
☐ Manufactured	Urinals			☐ ANNUAL PERMIT			
Square Footage:	Other						
-	-						
Payment Type:							
Permit Fee: \$				ctions Group Inc.			
. emili ee. g				0 – 111 Avenue NW on AB T5M 3Z7			
+ SCC Levy*: \$			Phone: (780) 454 504 Fax: (780) 454 522				
Total Cost: \$		Receipt #:	www.insp	ectionsgroup.com			
questions@inspectionsgroup.com							
*\$4.50 or 4% of the permit fee maximum \$560.00							



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GAS PERMIT APPLICATION FORM

Application Date:DD_	/ MMM / YYYY		E	stimated Project Complet	tion Date:	DD / MMM / YYYY
Applicant Type: Homeo The Permit Holder hereby certifies tys of issue of the permit, (b) is sus	wner Contractor that this installation will be completed in pended or abandoned for a period of 120	Cost accordance with the Albedays. An extension can be	of Installation (La erta Safety Codes Ac e considered when a	abour & Material Including Eq t. A may permit expire if the ur pplied for in writing prior to perr	uipment) \$ ndertaking to which nit expiry date.	n it applies: (a) is not commenced within 90
Owner Name:			Mailing Addres	s:		
City:	Prov:	Postal Code:		Phone:		Fax:
		Cel	l:	Email:		
Cell: Email:						
Company Name:			Mailing Addres	s:		
City:	Prov:	Postal Code:		Phone:		Fax:
Cell:	Email:					
Installer's Number	Print Ir	staller's Name			aller's Signature	3
Project Location in the Cit						
	,			Tax Roll #	# :	
						West of:
Directions:						
TYPE OF OCCUPANCY:	NUMBER OF OUTLETS:		COMMERCIAL/II	NDUSTRIAL APPLICATIO	N ONLY:	PROPANE INSTALLATION:
☐ Residential	Furnace		Total BTU			No. of Tanks
☐ Farm/Ranch	Water Heater		Name of Gas Sup	pplier		Tank Size
☐ Commercial	Fireplace _					Serial #
☐ Industrial	Dryer _		DESCRIPTION C	F WORK FOR ALL GAS I	PERMITS:	
☐ Oilfield/Gas	Unit Heater Range					□ Vaporizer
	Room Heater					Refill Centre
☐ Institutional	Boilers _					☐ Service Line from Tank
☐ Mobile	Conversion _					to Building
☐ Manufactured	Replacement Appliance Secondary Risers					☐ Temporary Heat
	Barbeque					☐ ANNUAL PERMIT
	Other _					
Payment Type:	☐ Cheque ☐ Interac	☐ M/C ☐ Visa	a			
Permit Fee: \$			The Inspections Group Inc. 300W, 14310 – 111 Avenue NW Edmonton AB T5M 3Z7			
+ SCC Levy*: \$				Phone: (780) 454	5048 Toll F	ree: (866) 554 5048 ree: (866) 454 5222
Total Cost: \$ Receipt #:			_	www.inspectionsgroup.com		
*\$4.50 or 4% of the permit fo	ee maximum \$560.00			question	s@inspections	sgroup.com

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