Summer Village	of Island Lake South
64 Ne	ewcastle Road
SHERWOOD	D PARK, AB T8A 6K8
Phone:	(780) 239-7323
Fax:	(780) 416-6353



www.myislandlakesouth.com

BUILDING PERMIT APPLICATION FORM

evelopment Permit Number:				
pplication Date: DD / MMM / YYYY		Estimated Project Completion Date:DD / MMM / YYYY		
pplicant Type: 🔲 Homeowner 🛛 Co	ontractor	ost of Installation (Market Value Including Equipment)		
he Permit Holder hereby certifies that this installati f issue of the permit, (b) is suspended or abandone 2 Sets of plans / specifications & payment mus	ed for a period of 120 days. An extension can be	erta Safety Codes Act. A permit may expire if the considered when applied for in writing prior to p	e undertaking to which it applies: (a) is not commenced within 90 days ermit expiry date.	
Owner Name:		Mailing Address:		
City:	Prov: Postal Code:	Phone:	Fax:	
		Cell:	Email:	
Owner's Signature / Declaration (Sing "I hereby declare I am the owner of the p for compliance with the applicable Act an	le Family Residential Only) premises in which the work will be conduct		erty. I am doing the work myself, and assume responsibility	
Company Name:		Mailing Address:		
City:	Prov: Postal Code:	Phone:	Fax:	
Cell:	Email:			
			<u></u>	
Contractor/Architect/Engineer Name Project Location in the Summer Village of Island Lake South:			Signature Work: not started in progress complete	
		Та	x Roll #:	
			e: West of:	
			Plan:	
		_ LOI DIOCK	Fidii	
Directions:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:	
Dwelling Unit	New Construction	□ Farm	Number of stories	
Detached/Attached Garage		Single/Multi Residential	Main area	
Accessory Building			2 nd floor	
Basement Development			Basement	
			Garage	
Wood Burning Stove/Fireplace	Change of Occupancy	☐ Oil & Gas	Total Area	
_ • •	_ • • • •	_	Deck	
Certification #	Modular Home*	Other (specify)		
			Basement developed at time of construction?	
Other (specify)	*CSA #			
	Development #			
Description of Work:				
	ormance 🗌 Trade-Off 🗌 Prescriptive	e e e e e e e e e e e e e e e e e e e		
	single or multiple sections; is ready for res actions; sections have no chassis, running		etup.	
Payment Type: 🗌 Cash 🔲 Cheque	e □ Interac □ M/C □ Visa			
			The Inspections Group Inc. 300W, 14310 – 111 Avenue NW	
Permit Fee: \$		Phone: (7)	Edmonton AB T5M 3Z7 80) 454 5048 Toll Free: (866) 554 5048	
+ SCC Levy*: \$			80) 454 5222 Toll Free: (866) 454 5222	
Total Cost: \$	Receipt #:		www.inspectionsgroup.com	
*\$4.50 or 4% of the permit fee maximum			questions@inspectionsgroup.com	
φ+.50 or 4% of the permit tee maximum	φυυυ.υυ	Į		

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC. PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 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.