

A **building permit** is required for all factory built (metal) fireplaces, fireplace inserts, stoves, ranges, space heaters and solid fuel appliances (wood burning stove or pellet stove).

A **gas permit** is required for gas fuel appliances.

An **electrical permit** is required if the appliance is equipped with an electrical connection.

What to Submit when applying for a Building Permit

All forms and supporting documents (listed below) must be submitted at time of application.

- Permit Application Form (Attached)
- Consent Form (Attached) (only required if applicant is not home owner)

Building Permit Requirements

- Provide a Floorplan showing**
 - the proposed installation location for solid fuel burning appliance
 - flooring type appliance set on
 - clearance distance between the appliance and walls and/or structures

- Available information from manufacturer
 - make / model number
 - Manufacturers installation manual showing Canadian testing agency approval

- Fees (showing the location of the unit See Fee Schedule)**
MUST BE PAID AT TIME OF APPLICATION (cheques payable to City of Beaumont)

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: You may apply for a Building Permit and/or a Development Permit with this one combo application. 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	
Construction Value: _____ \$ <i>(Approximate cost of material & labour)</i>	
I am applying for a: <input type="checkbox"/> Development Permit AND/OR <input type="checkbox"/> Building Permit	
Check one of the following:	
<input type="checkbox"/> Uncovered Deck ^{SQ FT:} _____	<input type="checkbox"/> Hot Tub ^{SQ FT:} _____
<input type="checkbox"/> Covered Deck ^{SQ FT:} _____	<input type="checkbox"/> Corner Lot Fence**
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Accessory Building (Other than Garage) ^{SQ FT:} _____
<input type="checkbox"/> Additional Dwelling Unit ^{SQ FT:} _____	<input type="checkbox"/> Accessory Building (Detached Garage) ^{SQ FT:} _____
<input type="checkbox"/> Home Based Business*** <input type="checkbox"/> Major <input type="checkbox"/> Minor	Basement Development* ^{SQ FT:} _____
	Number of Bedrooms in Dwelling: _____
	Business Name: _____
Has work on the above indicated item already commenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	

* No Development Permit required

** No Building Permit required

***Business License also required, Building Permit may be required

OFFICE USE ONLY	
Permit Number: _____	
Mail <input type="checkbox"/> Pick-up <input type="checkbox"/>	
<input type="checkbox"/> Authorization or ID Received	
Land Use District: _____	
Tax Roll: _____	
<input type="checkbox"/> Permitted Use	
<input type="checkbox"/> Permitted Use w/ Variance	
<input type="checkbox"/> Discretionary Use	
Fees	Receipt #:
Development Permit: _____	_____
Building Permit: _____	_____
Safety Code Council: _____	_____
Electrical Permit: _____	_____
SCC Electrical: _____	_____
Plumbing Permit: _____	_____
SCC Plumbing: _____	_____
Gas Permit: _____	_____
SCC Gas: _____	_____
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 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.	
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. I agree	
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: _____ <small>(See attached Notice of Decision)</small>
Building Permit	
See Attached Report	
Safety Codes Officer: _____	Designation No. _____
Date: _____	

DEVELOPMENT / BUILDING PERMIT AUTHORIZATION FORM**OWNER INFORMATION**

I (We), _____

(name(s) of Registered Land Owner(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: _____

Address: _____ Postal code _____

Phone: _____

Email: _____

to make application for the necessary building / development permits required to complete the following project: _____

For Commercial Only:**Owner is responsible for all costs associated with water metering changes, including all piping, and removal and/or replacement of water meter(s). Changes are required to water meter (please circle) Yes No****If yes, please contact Public Works at 780-929-4300.****ALL REPORTS WILL BE PROVIDED 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



GAS 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: _____

Installer's Number

Print Installer's Name

Installer's 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: _____

TYPE OF OCCUPANCY:

- Residential
- Farm/Ranch
- Commercial
- Industrial
- Oilfield/Gas
- Institutional
- Mobile
- Manufactured

NUMBER OF OUTLETS:

- Furnace _____
- Water Heater _____
- Fireplace _____
- Dryer _____
- Unit Heater _____
- Range _____
- Room Heater _____
- Boilers _____
- Conversion _____
- Replacement Appliance _____
- Secondary Risers _____
- Barbeque _____
- Other _____

COMMERCIAL/INDUSTRIAL APPLICATION ONLY:

Total BTU _____
 Name of Gas Supplier _____

DESCRIPTION OF WORK FOR ALL GAS PERMITS:

PROPANE INSTALLATION:

- No. of Tanks _____
- Tank Size _____
- Serial # _____
- Vaporizer
- Refill Centre
- Service Line from Tank to Building
- Temporary Heat
- ANNUAL PERMIT

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.



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.