

CITY OF BEAUMONT Solar Installation Checklist

E & OE

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 **Building Permit Requirements** Provide a SITE PLAN which *must* include these listed elements. Proposed layout of solar panels Details of any structural changes Provide details of system components Collector(s) ☐ Controller(s) ☐ Inverter(s) Provide Engineered Racking details (include ballast detail and installed system weight) Schematics or Site specific Line Diagram Total kW capacity ☐ Fees (See Fee Schedule) CITY WILL CONTACT APPLICANT AFTER REVIEW OF SUBMITTED DOCUMENTATION (cheques payable to: City of Beaumont) System components and their installation must comply with applicable codes, standards and regulations. Please ensure that all Part 3 Structure plans, elevations, details and schematics have been prepared by a professional engineer.



Residential Permit Application

Combined Development & Building Permit

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	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:	☐ Permitted Use			
Phone: Cell Phone:	☐ Permitted Use w/ Variance			
Email (required): Is the Applicant also the (Fill out below - written	☐ Discretionary Use			
Positored Owner? Vos (De not fill out below) No authorization from registered	Fees Receipt #:			
Owner Name:	Development Permit:			
Mailing Address:	Building Permit:			
Town: Postal Code:	Safety Code Council:			
Phone: Cell Phone:	Electrical Permit:			
Email (required).	SCC Electrical:			
Proposed Development	Plumbing Permit:			
Construction Value: (Approximate cost of material & labour)	SCC Plumbing:			
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 Building (Other than Garage) SQFT:	Business License:			
Covered Deck SQFI: Corner Lot Fence** Accessory Building (Detached Garage) SQFI:	Contractors License:			
Other: Basement Development* SQFI:	Variance:			
	Notification Fee:			
Additional Dwelling Unit SQ FI: Number of Bedrooms in Dwelling:	GST:			
Home Based Business*** □Major □Minor Business Name:	Other:			
Has work on the above indicated item already commenced? ☐Yes ☐No	Total Fees:			
*** No Development Permit required *** No Building Permit required ***Business License also required, Building Permit may be required				
Applicant Authorization				
 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. 				
7. By checking the "lagree" box above, you agree and authorize your electronic signature to be valid and binding upon you to t Electronic Signature: Date:	he same torce and ettect as a handwritten signature.			
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:			



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 Or	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:				
Address:	s:Postal code			
Phone:				
Email:				
For Commercial Only: Owner is responsible for all costs associate piping, and removal and/or replacement	nted with water metering changes, including all of water meter(s). Changes are required to water			
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



ELECTRICAL PERMIT APPLICATION FORM

Application Date: <u>DD / MMM / YYYY</u>		Estimated Project Completion Date: MMM / YYYY			
Applicant Type: Homeowner Contr The Permit Holder hereby certifies that this installation of days of issue of the permit, (b) is suspended or abandor	will be completed in accordar	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 20 days. An extension can be considered when applied for in writing prior to permit expiry date.			
Owner Name:		Mailing Ad	ddress:		
City:	Prov: Pos	stal Code:	Phone:Fax:		
		Cell	: Email:		
Owner's Signature / Declaration (Single Far "I hereby declare I am the owner of the premis for compliance with the applicable Act and Rex	ses in which the work will		or will reside on the property. I am doing the work myself, and assume responsibility		
Company Name:		Mailing Ad	ddress:		
City:	Prov: Pos	stal 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:	TYPE OF V	NORK:	SERVICE INFORMATION:		
☐ Single / Multi Family Dwelling	☐ New Wo	ork	Does this installation Require a Service Connection ☐ Yes ☐ No		
☐ Commercial	☐ Renova	ation	SUPPLY SERVICE: Overhead Underground		
☐ Residential	☐ Connec	ction	Service Information: Amps:		
☐ Industrial	☐ Tempor	rary Service	Volts:		
☐ Institutional	☐ Other		Phase:		
Square Feet:					
			ANNUAL PERMIT: ☐ Yes ☐ No		
Description of Work:					
Payment Type: ☐ Cash ☐ Cheque ☐	☐ Interac ☐ M/C ☐ V	/isa			
Permit Fee: \$			The Inspections Group Inc. 300W, 14310 111 Avenue NW		
+ SCC Levy*: \$			Edmonton AB T5M 3Z7 Phone: (780) 454 5048 Toll Free: (866) 554 5048 Fax: (780) 454 5222 Toll Free: (866) 454 5222		
Total Cost: \$	Receipt #:	<u>:</u>	www.inspectionsgroup.com questions@inspectionsgroup.com		
*\$4.50 or 4% of the permit fee maximum \$560	.00		decement 200 - 10 - 11		

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.