



TOWN OF OKOTOKS
MANUFACTURED STONE & BRICK
Exterior Wall Cladding Systems

APPLICATION NUMBER:

APPLICATION DATE:

Safety Codes Services • Town of Okotoks Box 20 5 Elizabeth St Okotoks AB T1S 1K1 • Ph 403-938-8916 • Fax 403-938-7387 • safetycodes@okotoks.ca

1. PROJECT LOCATION

MUNICIPAL ADDRESS	Street Number	Street Name	City/Town	Province
	Lot	Block	Plan	Roll Number

2. APPLICANT

NAME	Last Name/Company		First Name		
	Street Number	Street Name	City/Town	Province	Postal Code
MAILING ADDRESS	Contact Number (Office)		Email Address		
CONTACT NUMBER					

3. REGISTERED PROPERTY OWNER

PROPERTY OWNER	Last Name/Company		First Name		
	Street Number	Street Name	City/Town	Province	Postal Code
MAILING ADDRESS	Contact Number (Office)		Email Address		
CONTACT NUMBERS					

DESIGN AND FIELD REVIEW OF CONSTRUCTION

I hereby give assurance that the design of the manufactured stone/brick cladding system on the exterior wall described on the plans, specifications and other supporting documents, prepared and submitted by this registered professional in support of this application for building permit will meet the requirements and intent of the National Building Code - 2019 Alberta Edition. I have an understanding or have employed someone who has an understanding of moisture control methods.

I also undertake to notify the authority having jurisdiction in writing if our contact for field review is terminated at any time during construction.

I also confirm that the authority having jurisdiction take no responsibility for the use of this exterior wall cladding system in this project and that I have advised the owner of this fact.

I hereby undertake to be responsible for field review during construction as indicated in the following summary

- Cladding support, movement control and thermal expansion
- Moisture management including protection from precipitation and water ingress control

The information is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used for purposes related to the administration of the Safety Codes Program. Should you have any questions regarding the collection of information please contact the FOIP Coordinator at foip@okotoks.ca or 403-938-8944.

4. REGISTERED PROFESSIONAL OF RECORD

Last Name	First Name	Corporate Title
Corporation		Address
Signature - PROFESSIONAL SEAL AND SIGNATURE REQUIRED		Date
		Email Address
Initial Field Review Professional Signature:		
Final Field Review Professional Signature:		

Place Seal Here