

TOWN OF OKOTOKS BUILDING USE APPLICATION

PERMIT NUMBER : APPLICATION DATE:

Safety Codes Services • Town of Okotoks Box 20 5 Elizabeth St Okotoks AB T1S 1K1 • Ph 403-995-6304 • safetycodes@okotoks.ca

BUILDING DESCRIPTION TENANT IMPROVEMENT				epair	Interior Alteration	on Exterior	Alteration	
1. PROJECT LOCATIO	N							
MUNICIPAL ADDRESS	UNIT / BAY N ** MANDA	TORY FIELD*		: Number Plan	Street Name Zoning	•		Province AB
LEGAL DESCRIPTION 2. APPLICANT								
NAME	Last Name/0	Company			First Name			
MAILING ADDRESS	Street Numb	oer	Street Name		City/Town	Province	Postal Code	Э
	Contact Nur	nber (Office)			Email Address	s		
CONTACT NUMBER 3. REGISTERED PROP	ERTY O	WNEF	3					
PROPERTY OWNER	Last Name/0	Company			First Name			
	Street Numb	oer	Street Name		City/Town	Province	Postal Code	е
MAILING ADDRESS	Contact Nur	nber (Office)			Email Addres	s		
CONTACT NUMBERS 4. CLASSIFICATION								
CLASSIFICATION:	□ со	MMERO	CIAL	□ IN	DUSTRIAL	□ INSTIT	TUTIONAL	
Proposed Use of Premise				Previ	ous Use of Premi	ise		
DEVELOPED UNIT AREA				m²	_eft	Right	Across	
ADJACENT TENANTS	☐ Yes	\square No	Store	Name(s)		Tilgill	AC1033	
Year Built	CATION							
Major Occupancy Building Height		5	Stories	m				
Building Access Building Area				m²				
Building Construction Building Code Artic								
PROFESSIONAL DESIGN &		REQUI	RED	☐ Yes	□No			
	☐ Architectural ☐ Structural		☐ Mecha	nical	☐ Electrical	☐ Geotech	nical	
Building is fully sprinklered		☐ Yes	□ No	Sprinkler	s will be altered	☐ Yes	□ No	
Building is equipped with fire	alarm	☐ Yes	☐ No	Fire alarr	n will be altered	☐ Yes	□ No	
Sandpipe and hose system		☐ Yes	□ No	Date of a	nnual fire inspection	on		
Restaurant		☐ Yes	□ No	Seating of	apacity (if applicat	ble)		
Barrier free access		☐ Yes	i □ No	Mezzanir	ne 🗆 Yes 🗀 No	Size (if applica	ble)	m
Total Estimated Value of Cor	struction:	•	DATORY FIELD**	Declarati	on of Construction	Cost must be con	npleted.	
I/We hereby make Application under th Applicable Regulation, Town Bylaws at							afety Codes Act,	,
The information is being collected under administration of the Safety Codes Profoip@okotoks.ca or 403-938-8944.								d to the
5. APPLICANT'S SIGNA	ATURE		Property	/ Owner	☐ Authorized Ag	gent (Authorizatio	n Letter Req	juired)
Last N	ame			Fir	st Name	Date		
Printed Name Signat Applicant's Signature	ure			Co	ntact Number	Extensi	on	
	rate Title			Fm	ail Address			