TOWN OF OKOTOKS
DECLARATION OF CONSTRUCTION COST

APPLICATION NUMBER:

APPLICATION DATE:

Safety Codes Services▪Town of Okotoks Box 20 5 Elizabeth St Okotoks AB T1S 1K2▪ Ph 403-938-8916▪ safetycodes@okotoks.ca

1. PROJECT LOCATION

	Street Number	Street Name		City/Town	Province
MUNICIPAL ADDRESS				OKOTOKS	AB
	Lot	Block	Plan	Zoning	Roll Number
LEGAL DESCRIPTION					

2. APPLICANT

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

PROJECT COMPONENTS (INCLUDING LABOUR AND MATERIAL COSTS) FILL IN APPLICABLE LINES ONLY

Building Construction Cost (Includes all costs associated with construction of building not including lot)	$
Electrical Work (Includes the electrical service and light fixtures)	$
Plumbing Installation (Includes all fixtures)	$
Gas Installation (Water heater and any other gas appliance)	$
Heating and Ventilation Installation (Including all heating/ventilation's united and associated components)	$

TOTAL CONSTRUCTION COST: $

I, hereby declare this an accurate estimate and reflects the real total cost of constructing, erecting, altering or adding to this building including all the associated components. ***Providing false information is an offence under the Safety Codes Act and is liable to a fine or imprisonment under this act.***

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.

3. APPLICANT'S SIGNATURE   ☐ *Property Owner*   ☐ *Authorized Agent* *(Authorization Letter Required)*

*I am acting on behalf of the Building Owner and provide the above information which I confirm is an accurate reflection of the actual construction.

	Last Name	First Name	Date
Printed Name			
	Signature	Contact Number	Email Address
Applicant's Signature			

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