



TOWN OF OKOTOKS MULTI UNIT BUILDING CONSTRUCTION APPLICATION

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

BUILDING DISCIPLINE: New Construction Alteration/Renovation

1. PROJECT LOCATION

| | | | | |
|-------------------|----------------------|----------------------|----------------------|----------------------|
| MUNICIPAL ADDRESS | Street Number | Street Name | City/Town | Province |
| | <input type="text"/> | <input type="text"/> | OKOTOKS | AB |
| LEGAL DESCRIPTION | Lot | Block | Plan | Zoning |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | | Roll Number |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

2. APPLICANT

| | | | | |
|-----------------|------------------------|----------------------|----------------------|----------------------|
| NAME | Last Name/Company | First Name | | |
| | <input type="text"/> | <input type="text"/> | | |
| MAILING ADDRESS | Street Name | City/Town | Province | Postal Code |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CONTACT NUMBER | Contact Number(Office) | Fax Number | Email Address | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

3. REGISTERED PROPERTY OWNER

| | | | | |
|-----------------|-------------------------|----------------------|----------------------|----------------------|
| PROPERTY OWNER | Last Name/Company | First Name | | |
| | <input type="text"/> | <input type="text"/> | | |
| MAILING ADDRESS | Street Number | Street Name | City/Town | Province |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CONTACT NUMBERS | Contact Number (Office) | Fax Number | Email Address | |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | |

4. CLASSIFICATION

CLASSIFICATION Residential No. of Units Storey(s)
 Mixed Use No. of Units Storey(s)
GENERAL CLASSIFICATION New Building Existing Building
DESCRIPTION Row Housing Condo Apartments Tri-Plex Four-Plex Other

BASE BUILDING CLASSIFICATION:

Year Built
Major Occupancy Classification
Building Height Storey(s) m
Building Access
Building Area m²
Building Construction
Building Code Article

PROFESSIONAL DESIGN & REVIEW REQUIRED

Yes No
 Architectural Structural Mechanical Electrical Geotechnical
Building is fully sprinklered? Yes No Sprinklers will be altered? Yes No
Building is equipped with fire alarm? Yes No Fire alarm will be altered? Yes No
Sandpipe and hose system? Yes No Date of annual fire inspection:
Barrier free access? Yes No
Estimated value of construction: \$ *Declaration of construction cost must be completed.*

DESCRIPTION OF WORK

I/We hereby make Application under the provisions of the Safety Codes Permitting Bylaw and amendments thereto, in accordance with the Safety Codes Act, Applicable Regulations, Town Bylaws and Supporting Information submitted herewith which form a part of this Application. 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 Programs. Should you have any questions regarding the collection of information please contact the FOIP Coordinator at foip@okotoks.ca or 403-938-8944.

5. APPLICANT'S SIGNATURE

Property Owner Authorized Agent (Authorization Letter Required)

| | | | |
|-----------------------|----------------------|----------------------|----------------------|
| Printed Name | Last Name | First Name | Date |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Applicant's Signature | Signature | Contact Number | Extension |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Corporate Title | Email Address | |
| | <input type="text"/> | <input type="text"/> | |