



TOWN OF OKOTOKS
NEW RESIDENTIAL
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

- CLASSIFICATION** **Single Detached Dwelling** **Semi Detached Dwelling**
- DISCIPLINE** **Building** **Plumbing** **Gas** **Electrical** **HVAC**
- OCCUPANCY** **Residential Group C Part 9**

1. PROJECT LOCATION

MUNICIPAL ADDRESS Street Number Street Name City/Town **OKOTOKS** Province **AB**

LEGAL DESCRIPTION Lot Block Plan Zoning Roll Number

2. APPLICANT

NAME Last Name/Company First Name

MAILING ADDRESS Street Number Street Name City/Town Province Postal Code

CONTACT NUMBER Contact Number(Office) Fax Number Email Address

3. REGISTERED PROPERTY OWNER

PROPERTY OWNER Last Name/Company First Name

MAILING ADDRESS Street Number Street Name City/Town Province Postal Code

CONTACT NUMBER Contact Number (Office) Fax Number Email Address

4. BUILDING DEVELOPMENT INFORMATION

Estimated Value of Construction (excluding land): \$

Structure Type: Bungalow Two-Storey Bi-Level Split Level Walkout Yes No

Foundation Type: Concrete PWF Other

Floor System: Engineered (type): Dimensional:

Heating System: Primary: Secondary:

Main Floor: ft² **Second Floor** ft² **Third Floor** ft² **Basement Dev** ft²

Garage: ft² Attached Detached Number of Fireplaces Wood Gas

Porch: ft² **Deck** ft² Footings & Foundation Permit Required? Yes No

5. SUBCONTRACTOR INFORMATION

I hereby certify as the Applicant of this Application, that the Contractors listed below will perform the construction/installation for this project. If there are any changes from this list, the Applicant shall give the Town notice in writing immediately after change occurs.

BUILDING

Name		Customer ID (for office use only)	
<input type="text"/>		<input type="text"/>	
Address		City/Town	Province
<input type="text"/>		<input type="text"/>	<input type="text"/>
Contact Number(s)	Fax Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

HVAC

Name		Customer ID (for office use only)	
<input type="text"/>		<input type="text"/>	
Address		City/Town	Province
<input type="text"/>		<input type="text"/>	<input type="text"/>
Contact Number(s)	Fax Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

PLUMBING

Name		Customer ID (for office use only)	
<input type="text"/>		<input type="text"/>	
Address		City/Town	Province
<input type="text"/>		<input type="text"/>	<input type="text"/>
Contact Number	Fax Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

GAS

Name		Customer ID (for office use only)	
<input type="text"/>		<input type="text"/>	
Address		City/Town	Province
<input type="text"/>		<input type="text"/>	<input type="text"/>
Contact Number	Fax Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

ELECTRICAL

Name		Customer ID (for office use only)	
<input type="text"/>		<input type="text"/>	
Address		City/Town	Province
<input type="text"/>		<input type="text"/>	<input type="text"/>
Contact Number	Fax Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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 Program. Should you have any questions regarding the collection of information please contact the FOIP Coordinator at foip@okotoks.ca or 403-938-8944.

6. 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"/>	