



TOWN OF OKOTOKS RESIDENTIAL GRADING 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

RESIDENTIAL GRADING BYLAW 15-12 : RESIDENTIAL GRADING APPLICATION

1. PROJECT LOCATION

MUNICIPAL ADDRESS	Street Number	Street Name	City/Town	Province	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
LEGAL DESCRIPTION	Lot	Block	Plan	Zoning	Roll Number
	<input type="text"/>	<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 Number	Street Name	City/Town	Province	Postal Code
	<input type="text"/>	<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"/>		
BUILDER	<input type="text"/>		DEVELOPER	<input type="text"/>	
SUBDIVISION	<input type="text"/>		PHASE	<input type="text"/>	

I hereby certify, as the applicant of this Permit, that the Plot Plan provided with this Application is in conformance with Bylaw 15-12. If there are any changes to the Plot Plan during the course of construction a new revised Plot Plan will be provided to the Safety Codes Officer in conformance with Bylaw 15-12. I give the Town of Okotoks permission to release all information regarding this Permit to future owners of this property. I also certify that I am the owner or owner's agent of the property.

3. PERSON SUPERVISING CONSTRUCTION

Property Owner/Builder

PRINTED NAME	Last Name	First Name	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Signature	Corporate Title	Email Address
	<input type="text"/>	<input type="text"/>	<input type="text"/>

As a condition of the Lot Grade Permit an "As Constructed Grade Certificate" is required to be submitted to the Town of Okotoks within twelve (12) calendar months of the Final Building Occupancy Inspection in conformance with Bylaw 15-12. Failure to provide this Certificate may result in fines and/or penalties to the applicant.

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. SAFETY CODES OFFICER

Office Use Only

Last Name	First Name	SCO Designation No.	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERMIT NUMBER:	Signature	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	