



EXTERIOR ACCESSORY APPLICATION

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

PERMIT TYPE:

- ☐ Detached Garage ☐ Shed ☐ Deck ☐ Wood Fireplace ☐ Covered Deck
☐ Exterior Stairs ☐ Hot Tubs ☐ Retaining Wall ☐ Swimming Pool ☐ Gazebo ☐ Pergola

DISCIPLINES:

- ☐ Building ☐ Plumbing ☐ Gas ☐ Electrical ☐ HVAC

Description of Construction

Estimated Cost of Construction

\$

Size ft²

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	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 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)		Email Address		
	<input type="text"/>		<input type="text"/>		
STATUS	<input type="checkbox"/> Property Owner <input type="checkbox"/> Authorized Agent (Property Owner Authorization Required)				

4. 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	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT NUMBERS	Contact Number (Office)		Email Address		
	<input type="text"/>		<input type="text"/>		

5. SUBCONTRACTOR INFORMATION

BUILDING

<input type="checkbox"/> Property Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Other	Last Name/Company		First Name		Customer Number	
	<input type="text"/>		<input type="text"/>		<input type="text"/>	
	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 (Office)			Email Address			
<input type="text"/>			<input type="text"/>			

PLUMBING

<input type="checkbox"/> Property Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Other	Last Name/Company		First Name		Customer Number	
	<input type="text"/>		<input type="text"/>		<input type="text"/>	
	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 (Office)			Email Address			
<input type="text"/>			<input type="text"/>			

GAS

<input type="checkbox"/> Property Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Other	Last Name/Company		First Name		Customer Number	
	<input type="text"/>		<input type="text"/>		<input type="text"/>	
	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 (Office)			Email Address			
<input type="text"/>			<input type="text"/>			

ELECTRICAL

<input type="checkbox"/> Property Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Other	Last Name/Company		First Name		Customer Number	
	<input type="text"/>		<input type="text"/>		<input type="text"/>	
	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 (Office)			Email Address			
<input type="text"/>			<input type="text"/>			

6. APPLICANT'S SIGNATURE

I/We hereby make Application for a Permit 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.

Printed Name	Last Name		First Name		Date
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	Signature		Contact Number		Extension
	<input type="text"/>		<input type="text"/>		<input type="text"/>
Applicant's Signature	Corporate Title		Email Address		
	<input type="text"/>		<input type="text"/>		
Master Electrical No.	Journeyman Plumber No.		Journeyman Gas Fitter No.		
<input type="text"/>	<input type="text"/>		<input type="text"/>		

[Fee Schedule](#)

7. Payment

☐ Cheque

☐ Credit Card Authorization

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 or concerns about the collection of information please contact the FOIP Coordinator at foip@okotoks.ca or 403-938-8944.