Fillable Form

TOWN OF OKOTOKS



CONTACT NUMBERS

EXTERIOR ACCESSORY APPLICATION

	APPLICATION NUMBER													
				APPLICATI	ION DATE:									
Safety Codes Servi	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 Co	instruction	Size ft²									
					CIZC II									
			\$											
1. PROJECT LOCA	TION													
	Street Number	Street Name		City/Town	Province									
MUNICIPAL ADDRESS	Lat	Pleak	Dlan	OKOTOKS	AB Ball Number									
	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				5 7044										
0017407444555	Contact Number (Office)			Email Address										
CONTACT NUMBER														
STATUS	☐ Property Ow	ner [Authorized A	gent (Property Ow	vner Authorizatio	n Required)								
4. REGISTERED PI	ROPERTY OW	NFR												
	Last Name/Company			First Name										
PROPERTY OWNER														
	Street Number	Street Name		City/Town	Province	Postal Code								
MAILING ADDRESS														
	October at November (Office)			Frank Address	_ 1									

5. SUBCONTRACTOR INFORMATION												
BUILDING	Last Name/Company			First Name			Custo	Customer Number				
BUILDING	Last Tamoroompany		Filst Name		Julia	Customer Number						
Property Owner												
Applicant	Street Number		Street Name		City/Tow	n	Provi	nce	Postal Code			
U Other												
	Contact Number	(Office)			Email Address							
PLUMBING	Last Name/Company		First Name	First Name		Custo	Customer Number					
LOMBING												
Property Owner												
Applicant	Street Number		Street Name		City/Tow	n	Provi	nce	Postal Code			
<u> </u>	Street Number		Silectivallie		City/ Tow		FIOVI	iice	r Ostai Code			
U Other												
	Contact Number	(Office)			Email Ad	dress						
				<u> </u>	,				'			
GAS	Last Name/Comp	pany		First Name			Custo	omer Number				
Property Owner												
Applicant	Street Number		Street Name		City/Tow	n	Provi	nce	Postal Code			
Other												
	Contact Number	(Office)			Email Address							
ELECTRICAL	Last Name/Company		First Name		Custo	Customer Number						
Property Owner												
Applicant	Street Number		Street Name		City/Tow	n	Provi	nce	Postal Code			
Other												
_				Front Address								
	Contact Number	Contact Number (Office)			Email Address							
6. APPLICAN	IT'S SIG	NATURI	<u> </u>									
I/We hereby make Ap Applicable Regulation	plication for a s, Town Bylav	Permit under	the provisions of the orting Information subr	Safety Codes F nitted herewith	Permitting Byla which form a	aw and Amendm part of this Appli	ents thereto, in cation.	n accordance wi	th the Safety Codes Act,			
	Las	st Name			First Name			Date				
Printed Name												
Signature		gnature			Contact Number			Extension				
Applicant's Signature												
pp.i.ounico Oigin		rporate Title			Email Address							
Master Electrical No.			Journeyman Plu	ımber No.			Journeyman Gas	Fitter No.				

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.