



**TOWN OF OKOTOKS  
COMMERCIAL/INDUSTRIAL/INSTITUTIONAL  
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](mailto:safetycodes@okotoks.ca)

**BUILDING DISCIPLINE: NEW CONSTRUCTION**

**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	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 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	Postal Code
	<input type="text"/>	<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:**     **COMMERCIAL**     **INDUSTRIAL**     **INSTITUTIONAL**

**GENERAL CLASSIFICATION**     New Building

Major Occupancy Classification

Building Code Article

Building Construction     Combustible     Non Combustible

Building Area  m<sup>2</sup>

Building Access    Street(s)     One     Two     Three

Building Height    Storey(s)   m

**PROFESSIONAL DESIGN & REVIEW REQUIRED:**     Yes     No

Architectural     Structural     Mechanical     Electrical     Geotechnical

Fire Alarm     Yes     No

Sprinkler/Suppression System     Yes     No

Sandpipe & Hose System     Yes     No

Barrier Free Access     Yes     No

Mezzanine     Yes     No    Size (if applicable)  m<sup>2</sup>

Estimated Value of Construction: \$     *Declaration of Construction Cost must be completed.*

**DESCRIPTION OF WORK**

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](mailto:foip@okotoks.ca) or 403-938-8944.

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.

**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"/>	