Summer Village of Whisperi 64 Newcastle Road SHERWOOD PARK, AB T8A 6K8 Phone: 780 239 7323 Fax: 780 416 6353 www.mywhisperinghills.com bancroftkim@hotmail.com	ng Hills	1201 EDM Phon Fax: www	Inspections Group Inc. 0 – 111 Avenue NW ONTON AB T5G 0E6 e: 780 454 5048 Toll Free: 1 866 554 5048 780 454 5222 Toll Free: 1 866 454 5222 Ainspectionsgroup.com tions@inspectionsgroup.com	
	BUILDING PERM			
Application Date:DD / MMI			pletion Date: _ DD / MMM / YYYY_	
Applicant Type: Homeowner			oour & Material) \$	
The Permit Holder hereby certifies that this installati days of issue of the permit, (b) is suspended or aban "2 Sets of plans / specifications OR 1 set of PDF	doned for a period of 120 days. An extension car	erta Safety Codes Act. A permit may expire if t n be considered when applied for in writing prior t	he undertaking to which it applies: (a) is not commenced within to permit expiry date.	
Owner Name:		Mailing Address:		
City:	Prov: Postal Code:	Phone:	Fax:	
		Cell:	Email:	
Owner's Signature / Declaration "I hereby declare I am the owner of the premises applicable Act and Regulations"			work myself, and assume responsibility for compliance with the	
Company Name:	Mailing Address:			
City:	Prov: Postal Code:	Phone:	Fax:	
Cell:				
Contractor/Architect/Engineer Name		Signature		
Project Location in the Summer Street Address:			not started in progress complete	
			: West of:	
-			Plan:	
Directions:	·	Diock		
BUILDING TYPE:	TYPE OF WORK:	BUILDING USE:	BUILDING AREA IN SQ. FT.:	
		_		
 Dwelling Unit Detached/Attached Garage 	 New Construction Relocation 	 Farm Single/Multi Residential 	Number of stories Main area	
Accessory Building			Main area	
Basement Development	☐ Renovation		Basement	
			Garage	
Wood Burning	Change of Occupancy	Oil & Gas	Total Area	
Stove/Fireplace	Manufactured Home*	Other (specify)	Deck	
Certification # Foundation Type	Modular Home*		Basement developed at time of	
	*CSA #	-	construction? Yes No	
Other (specify)	Development #			
Description of Work:				
Energy Compliance Method: * *Manufactured Home – transportable in sing *Modular Home – assembled at site in secti	gle or multiple sections; is ready for reside	ential occupancy upon completion of setup		
Payment Type: Cash Cheque C/C Agreement Interac Permit Fee:			Issuing Officer's Name:	
		Issuing Officer's Signatur	Issuing Officer's Signature:	
+ SCC Levy*: \$ Total Cost: \$			Designation Number:	
*\$4.50 or 4% of the permit fee maximum \$560.00			Permit Issue Date: / /	
	REMIT PAYMENT AND AF	PLICATION TO THE INSPECTIONS GR		

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS. The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.