



COUNTY OF
NEWELL

County of Newell
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Brooks, Alberta, T1R 1B2
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administration@newellmail.ca
www.countyofnewell.ab.ca



The Inspections Group Inc
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Please submit all permit applications to development@newellmail.ca for review and processing.

BUILDING PERMIT APPLICATION FORM

Applicant Type: ☐ Owner ☐ Contractor **Estimated Project Start Date:** _____
New Home Warranty Number: (if applicable): _____ **Estimated Project Completion Date:** _____
Project Value (labour and material): \$ _____ **Work:** ☐ has not started ☐ is in progress ☐ is complete

OWNER / APPLICANT:

Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
 Phone: _____ Email: _____

CONTRACTOR:

Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
 Phone: _____ Email: _____

PROJECT LOCATION:

Municipality: _____ County of Newell Subdivision / Hamlet Name: _____
 Rural / Street Address: _____
 Legal Land Description: LSD: _____ Part of: _____ Section: _____ Township: _____ Range: _____ West of: 4
 Lot: _____ Block: _____ Plan: _____
 Directions: _____

BUILDING TYPE:

- ☐ Single Family Residential
☐ Multi-Family Residential
 _____ (number of dwelling units)
☐ Commercial
☐ Industrial
☐ Institutional
☐ Other (specify) _____

TYPE OF WORK:

- ☐ New Construction ☐ Basement Development
☐ Relocation ☐ Secondary Suite
☐ Addition ☐ Wood-Burning Appliance
☐ Renovation ☐ Deck
☐ Demolition ☐ Accessory Building
☐ Change of Occupancy ☐ Swimming Pool, Hot Tub
☐ Other (specify) _____ ☐ Roof-Mounted Solar

BUILDING AREA:

☐ m² ☐ ft²
 Main Floor _____
 Second Floor _____
 Third Floor _____
 Basement Developed ☐ Yes ☐ No
 If YES, Basement _____
 Garage _____
 Deck _____
 Porch, Veranda _____
 Other (specify) _____

DESCRIPTION OF WORK:

Permit Applicant's Name (print)

Permit Applicant's Signature

Homeowner's Signature (homeowner permit only)

I hereby declare that I am the owner of the premises where the work will be conducted and/or currently reside or intend to reside on the property. I assume responsibility for ensuring compliance with the applicable Act and Regulations.

OFFICE USE ONLY

APPLICATION DETAILS:

Date Received: _____
Date Received by TIGI: _____
Municipal File Number: _____
DP Number: _____
Permit Number: _____
Tax Roll Number: _____

PAYMENT DETAILS:

Permit Fee: \$ _____
+ SCC Levy*: \$ _____
= Total Cost: \$ _____
Receipt #: _____

* minimum \$4.50 or 4% of the permit fee, to a maximum of \$560.00

The personal information provided as part of this application is collected under the authority of the Safety Codes Act, the Municipal Government Act, and in accordance with the Protection of Privacy Act (POPA) and the Access to Information Act (ATIA). This information is required and will be used for issuing permits, verifying and monitoring compliance with safety codes, and for property assessment purposes. Information related to your permit application and any permit(s) issued may be disclosed as allowed or required by law. If you have any questions about the collection or use of your personal information, please contact the Privacy Officer for the County of Newell at administration@newellmail.ca or (403) 362-3266.