



Medicine Hat
The Gas City

Planning & Development Services

580 First Street SE
Medicine Hat, Alberta T1A 8E6
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pbe@medicinehat.ca
www.medicinehat.ca

RESIDENTIAL BUILDING PERMIT APPLICATION

GENERAL INFORMATION (to be completed by the applicant, please print)

| | | | |
|-------------------------|--|---|--|
| Applicants Name: | | <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Consultant <input type="checkbox"/> Other _____ | |
| Address: | | Postal Code: | |
| Phone: | Fax: | E-mail for notifications: | |
| Cell Phone: | Text: <input type="checkbox"/> Yes <input type="checkbox"/> No | Expected Start Date: | |
| Applicants Signature: | | | |
| Signature: _____ | | Date: _____ | |

If applicant is not the owner, an owner consent form is required. Included with application: Yes No

Additional Information:

PROJECT INFORMATION

| | | | |
|--|--------|----------------------------|--|
| Project Name: | | Project Municipal Address: | |
| Lot: | Block: | Plan: | |
| <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Existing (Must also submit Declaration form) | | | |
| Permit Information: <input type="checkbox"/> Single Detached Dwelling <input type="checkbox"/> Semi-Detached Dwelling <input type="checkbox"/> Three or More Dwellings | | | |
| Note: Buildings containing 5 or more dwellings must be designed by a Professional Engineer | | | |

| | | | |
|--------------------------------------|--------|-------------------------------|---------|
| Residential Main Floor Area | Sq. Ft | Sun Room Deck Enclosure | Sq. Ft |
| Residential Upper Floor Area | Sq. Ft | Garden Shed/Gazebo (>107sqft) | Sq. Ft |
| Basement Development Area | Sq. Ft | Addition to Existing area | Sq. Ft |
| Att. OR Det. Garage area | Sq. Ft | Interior Renovation Area | Sq. Ft |
| Uncovered/Covered Decks(>24" H) | Sq. Ft | Retaining Walls Length | Lin. Ft |
| Gas or Wood Stove/Fireplace | Units | In-Ground Swimming Pool Area | Sq. Ft |
| Att. Access. Roof/Patio/Carport Area | Sq. Ft | On-Ground Swimming Pool Area | Sq. Ft |
| Manufac. Home Placement | Sq. Ft | Other | Sq. Ft |

SUPPORTING DOCUMENTS:

New Home Warranty Form C Exterior Wall Claddings Grade Slip Information Engineer Stamped Drawings (if required)
 Existing Construction Declaration Form Floor/Truss Layout Other:

CONTACT INFORMATION

| | | | |
|-------------------------|------|---------------------------|--------------|
| Owners Name: | | Address: | Postal Code: |
| Phone: | Fax: | E-mail for notifications: | |
| Contractor Name: | | Address: | Postal Code: |
| Phone: | Fax: | E-mail for notifications: | |

Compliance to the Alberta Building Code 2014 will be achieved by:

- Complying with the applicable acceptable solutions in Division B **or**
 Using alternative solutions that will achieve at least the minimum level of performance required by Division B.

No work shall commence prior to the issuance of a Building Permit. Double fees apply to all work that has been started or completed prior to permit issuance. Permits may also be required for Electrical and Mechanical work. Inspections are required at certain stages of construction so that the Safety Codes Officers can verify compliance with the Alberta Building Code. Please review the required inspections noted on the Plan Check letter issued with your Building Permit.

The personal information on this form is being collected for the purpose of this Permit Application under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, and is protected by the Act. If you have any questions about the information being collected, contact the City of Medicine Hat FOIP Head 403-529-8234.