



Medicine Hat  
The Gas City

**Planning & Development Services**

City of Medicine Hat  
580 – 1 Street SE  
Medicine Hat, AB T1A 8E6  
Phone: 403.529.8374  
pbe@medicinehat.ca

## REQUEST FOR PERMIT EXTENSION

### APPLICANT INFORMATION

|                 |              |
|-----------------|--------------|
| Applicant Name: | Phone:       |
| Address:        | Postal Code: |
| Email:          |              |

### PROJECT INFORMATION

|                       |      |        |       |
|-----------------------|------|--------|-------|
| Registered Landowner: |      |        |       |
| Property Address:     |      |        |       |
| Legal Description:    | Lot: | Block: | Plan: |

### PERMIT DETAIL INFORMATION

| Permit No. | Applicant/Contractor | List outstanding inspections | Expiration Date | Extension Date |
|------------|----------------------|------------------------------|-----------------|----------------|
|            |                      |                              |                 |                |
|            |                      |                              |                 |                |
|            |                      |                              |                 |                |
|            |                      |                              |                 |                |
|            |                      |                              |                 |                |

### Reason for Extension

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Permits may only be extended once and may only be extended up to one year beyond the original expiration date. If the outstanding inspections listed above are not completed prior to the new expiration date, new permits will be required. If there is a change in ownership, the permit holder shall notify the Planning and Development Services department in writing. A change in ownership will result in all open permits being terminated, unless written permission from the permit issuer is given to transfer the permit to the new property owner. **ONLY HOMEOWNER BUILDING PERMITS MAY BE TRANSFERRED.**

Failure to request a required inspection, provide notification of a change in ownership and/or comply with the conditions of a permit is a violation of the Safety Codes Act and punishable by fines up to \$100,000 per offence.

The personal information provided as part of this application is collected under the SCA 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 City of Medicine Hat FOIP Head at 403-529-8234.

|                              |      |
|------------------------------|------|
| Signature of Owner/Applicant | Date |
|------------------------------|------|

|                                |                    |      |
|--------------------------------|--------------------|------|
| Approving Safety Codes Officer | Designation Number | Date |
|--------------------------------|--------------------|------|