



**Tsuut'ina Development
Authority
Building Code Services**

Label

Application Type: ☐ Owner ☐ Contractor

Application Date (M/D/Y): _____

Estimated Completion Date (M/D/Y): _____

Owner: _____ Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone: _____

Cell Number: _____ Email Address: _____ Fax: _____

Contractor: _____ Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone: _____

Cell Number: _____ Email Address: _____ Fax: _____

Project Location: _____

Street or Rural Address: _____ Subdivision or Name: _____

Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____

Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____

Directions: _____

Architect and/or Engineer (if applicable): _____ Phone: _____

Project Information: ☐ Commercial ☐ Multi Family ☐ Industrial ☐ Institutional

Type of Work: ☐ New ☐ Renovation ☐ Addition ☐ Accessory Building ☐ Change of Use/Occupancy ☐ Deck ☐ Demolition

☐ Other _____ Building Classification: _____

☐ sq. m. ☐ sq. ft. No. of Stories: _____

Main Area: _____

2nd Floor Area: _____

3rd Floor Area: _____

Garage Area: _____

☐ Detached ☐ Attached

Detailed Description of Work and/or intended use or occupancy of the building:

Applicant Declaration: Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. This application is valid for one year. The personal information provided on this form is protected by the Freedom of Information of Privacy Act.

Applicant Name (Please print)

Applicant Signature

Owner's Signature

Project Value (Materials & Labour): \$ _____

Total Developed Area: _____ Sq. Ft

Fee \$ _____

Payment Method: ☐ Visa ☐ M/C ☐ Debit ☐ Cheque Authorization / Cheque Number _____

Validation Section to be completed by the Building Safety Codes Officer:

Inspecting SCO: _____

Special Conditions: _____

Issuer's Name (print or type)

Issuer's Signature

Issuer's Designation Number: _____

Date of Issue (M/D/Y): _____