



**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: \$ _____ **SSCI Portion:** \$ _____
 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): _____