

PERMIT AUTHORIZATION FORM

REQUIRED IN THE ABSENCE OF THE SIGNATURES ON THE APPLICATION FORM

Date:				Type of Permit	: Building Per	mit		
File Number:					Electrical Pe	rmit		
(if known)					Gas Permit			
					Plumbing Permit			
Permit Type:	Owner Contractor				Private Sept	Private Septic Permit		
Applicant Name:								
Address:								
City & Province:				Postal Code:				
Phone:	Email:							
Property Details:								
Landowner Name:								
Legal Addre	ess:	Section:	Township:	Range:	West of	Meridian		
	Plan:			Lot:	Block:			
Rural Add	ress:							
Select one:								
I own o	r will own a	nd occupy this dw	velling					
I am the	e Applicant	Contractor, or Jo	urneyman con	npleting the work	as identified in th	e application		
Applicant's Signature:				Date:				
Journeyman's Cert	tification Nu	mber (if required):						

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days and generally expires after two years without an extension request. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Mountain View County and its accredited agency are 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. The personal information provided on this form is protected by the Freedom of Information of Privacy Act.

The personal information on this form is being collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) for the purpose of reviewing and evaluating an application for Development. By providing the above personal information, the applicant consents to the information being made available to the public and Approving Authority in its entirety under Section 17(2) of the Alberta Freedom of Information and Protection of Privacy Act. Any inquiries relative to the collection or use of this information may be directed towards to:

Mountain View County FOIP Coordinator 403-335-3311 10-1408 - Twp Rd 320, Postal Bag 100, Didsbury AB TOM 0W0