



PERMIT AUTHORIZATION FORM

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www.mountainviewcounty.com

REQUIRED IN THE ABSENCE OF THE SIGNATURES ON THE APPLICATION FORM

Date:

Type of Permit:

Building Permit

File Number:
(if known)

Electrical Permit

Gas Permit

Plumbing Permit

Private Septic Permit

Permit Type: Owner Contractor

Applicant Name:

Address:

City & Province:

Postal Code:

Phone:

Email:

Property Details:

Landowner Name:

Legal Address: Section: Township: Range: West of Meridian

Plan: Lot: Block:

Rural Address:

Select one:

I own or will own and occupy this dwelling

I am the Applicant, Contractor, or Journeyman completing the work as identified in the application

Applicant's Signature:

Date:

Journeyman's Certification Number (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 on this application is being collected under the authority of Section 4(c) of the Alberta Protection of Privacy Act (POPA) for the purpose of processing and evaluating the application. By providing the above personal information, the applicant consents to the information being made available to the public and Approving Authority in its entirety.

Any inquiries relative to the collection or use of this information may be directed towards to:

Mountain View County Head of POPA/ATIA, legislative@mvcounty.com, 403-335-3311