

Town of Bon Accord

Box 779, 5025 – 50th Avenue Bon Accord, Alberta T0A 0K0 Phone: (780) 921-3550 Fax: (780) 921-3585

DEVELOPMENT PERMIT APPLICATION

(Please Print Clearly)	completed by permit app		: Development Permit Number:		
Owner Name:		Address:			
Phone:	Fax:	City:	Prov:	Postal Code:	
Contractor:		Address:			
Phone:	Fax:	City:	Prov:	Postal Code:	
Applicant Name:		Address:			
Phone:	Fax:	City:	Prov:	Postal Code:	
Permit Applicant's or Owner's	signature:				
Project Location:				Tax Roll #:	
Municipality:	Street Addr	ess:			
Lot/Block/Plan: Lot	_BlockPlan				
Legal Subdivision: Part Of	SectionTownship	RangeWest of Sub	odivision Name:		
Parcel Size: Number of Units: Zoning of Land: Value of work (materials & lab Note: This application, if ap Effective Period: A developed	Description of Work: Doour): Description of Work: Description of Work:	-			
or Office Use Only	o be completed by the Develop	ment Officer):			
For Office Use Only Permit Validation Section (to Documents Received Date:		ment Officer): Building Classific	cation:		
For Office Use Only Permit Validation Section (to			cation:		
For Office Use Only Permit Validation Section (to Documents Received Date:			cation:		
For Office Use Only Permit Validation Section (to Documents Received Date: Special conditions:	r type) Issu	Building Classific	cation:		