



**TOWN OF OKOTOKS
BUILDING USE APPLICATION**

**PERMIT NUMBER :
APPLICATION DATE:**

Safety Codes Services • Town of Okotoks Box 20 5 Elizabeth St Okotoks AB T1S 1K1 • Ph 403-995-6304 • safetycodes@okotoks.ca

Scope of Work

DEMISING WALL

**** MANDATORY FIELD****

1. PROJECT LOCATION

UNIT / BAY NUMBER	Street Number	Street Name	City/Town	Province
MUNICIPAL ADDRESS			OKOTOKS	AB
Lot ** MANDATORY FIELD**	Block	Plan	Zoning	Roll Number

LEGAL DESCRIPTION

2. APPLICANT

NAME	Last Name/Company		First Name		
MAILING ADDRESS	Street Number	Street Name	City/Town	Province	Postal Code
CONTACT NUMBER	Contact Number (Office)		Email Address		

3. REGISTERED PROPERTY OWNER

PROPERTY OWNER	Last Name/Company		First Name		
MAILING ADDRESS	Street Number	Street Name	City/Town	Province	Postal Code
CONTACT NUMBERS	Contact Number (Office)		Email Address		

4. CLASSIFICATION

CLASSIFICATION: **COMMERCIAL** **INDUSTRIAL** **INSTITUTIONAL**

Proposed Use of Premise **Previous Use of Premise**

DEVELOPED UNIT AREA m²

ADJACENT TENANTS Yes No Store Name(s) Left Right Across

BASE BUILDING CLASSIFICATION

Year Built

Major Occupancy

Building Height Stories m

Building Access

Building Area m²

Building Construction

Building Code Article

PROFESSIONAL DESIGN & REVIEW REQUIRED Yes No

Architectural Structural Mechanical Electrical Geotechnical

Building is fully sprinklered Yes No Sprinklers will be altered Yes No

Building is equipped with fire alarm Yes No Fire alarm will be altered Yes No

Sandpipe and hose system Yes No Date of annual fire inspection

Restaurant Yes No Seating capacity (if applicable)

Barrier free access Yes No Mezzanine Yes No Size (if applicable) m²

Total Estimated Value of Construction: \$ **** MANDATORY FIELD**** *Declaration of Construction Cost must be completed.*

I/We hereby make Application under the provisions of the Safety Codes Permitting Bylaw and Amendments thereto, in accordance with the Safety Codes Act, Applicable Regulation, Town Bylaws and Supporting Information submitted herewith which form a part of this Application.

The information is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used for purposes related to the administration of the Safety Codes Program. Should you have any questions regarding the collection of information please contact the FOIP Coordinator at foip@okotoks.ca or 403-938-8944.

5. APPLICANT'S SIGNATURE *Property Owner* *Authorized Agent (Authorization Letter Required)*

Printed Name	Last Name	First Name	Date
Applicant's Signature	Signature	Contact Number	Extension
	Corporate Title	Email Address	