

Building Permit Application Accessory Buildings/ Detached Garages



If building **INCLUDES LIVING QUARTERS** complete SINGLE FAMILY DWELLING Application Package

DP # _____ DP Appeal Deadline _____ Division No. _____ Roll # _____

Applicant: _____ Phone: _____ Cell: _____
Address: _____ City: _____ Postal Code: _____
Fax: _____ E-mail: _____
Property Owner: _____ Phone: _____ Cell: _____
Address: _____ City: _____ Postal Code: _____
Fax: _____ E-mail: _____
Contractor: _____ Phone: _____ Cell: _____
Address: _____ City: _____ Postal Code: _____
Fax: _____ E-mail: _____

Building Description & Purpose _____
(shop, garage, shed, storage, etc.)

Dimensions (sq ft) _____ X _____ = _____
(Total sq. ft.)

In Floor Heat: Yes No
Woodstove: Yes No

Municipal Address (if applicable): _____ Construction Value: \$ _____

Plan: _____ Block: _____ Lot: _____ Subdivision: _____

Legal: W. of: _____ Meridian Range: _____ Twp: _____ Section: _____ Quarter: _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the *Alberta Safety Codes Act and Regulations*. The permit applicant/owner acknowledges that as per Section 12(2) of the *Alberta Safety Codes Act*, Parkland County 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.

Applicant Name (please print) _____ Applicant Signature _____ Date _____

Plans Reviewed: _____	Permit Fee: \$ _____
Permit # Issued: _____	Safety Codes Fee: \$ _____ <i>(4% of Permit Fee or \$4.50 Min.)</i>
Issued By: _____	TOTAL FEES: \$ _____
Designation No: _____	Payment Information <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> M/C
Signed: _____	Receipt No. _____

For Office Use Only – Credit Card Authorization

PARKLAND COUNTY ACCEPTS VISA OR MASTERCARD ONLY

PAYMENT AMOUNT: _____

Card Holder: _____

Card #: _____

Expiry Date: _____ **CSV #** (3 digit # on back of credit card) _____

Signature: _____

Please note that permits will not be processed until payment is received.

The application can be dropped off at our office, emailed to safetycodes@parklandcounty.com, mailed/couriered or via faxed to 780-968-3225.



PRIVATE GARAGE INFORMATION
(Please complete fully & attach to Building Permit Application)

Applicant Name: _____ Contact #: _____

Owner Name: _____ Contact #: _____

Land Location: _____
(Municipal Address, Lot/Block/Plan (if applicable) and/or Legal Address)

Building Size: _____ x _____ = Totaling _____ sq. ft. Wall Height: _____ ft.

FOUNDATION TYPE (please check one):

- _____ Concrete slab on grade - 592 sq. ft. (55 sq. m.) or less
- _____ Concrete slab on grade - 592 sq. ft. (55 sq. m.) or greater. **ENGINEERING required.**
- _____ Concrete frostwall on concrete strip footing – minimum depth of 5 feet.
- _____ Concrete pile and grade beam. **ENGINEERING required.**
- _____ Other (please specify): _____

WALL CONSTRUCTION (fill in information or circle, as required):

- _____ 2 inch x _____ inch wall studs at _____ inches on center.
- _____ 2 inch x _____ inch double top plates.
- _____ 2 inch x _____ inch treated bottom plate.
- _____ ½ inch anchor bolts - maximum 8 feet apart.
- _____ Number of windows - _____.
- _____ Number of man doors - _____ (*minimum of one required*).
- _____ Two 2 inch x _____ inch headers over windows and man door(s).
- _____ Overhead door header type - _____. Size - _____.
- _____ Wall sheathing (circle): 3/8"; 7/16"; ½"; O.S.B.; spruce plywood; Other _____.
- _____ I.C.F. Wall Construction – Thickness _____; Height _____.
- _____ Type of Siding (circle): Vinyl; Stucco; Metal; Other _____.
- _____ Electrical lighting (circle): Interior; Exterior; Both.
- _____ Interior being finished (circle): Yes or No.

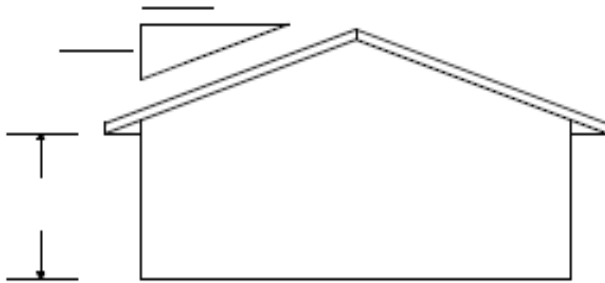
ROOF CONSTRUCTION:

- _____ Engineered trusses _____ inches on center.
- _____ Site framed roof _____.
- _____ Roof covering (circle): Asphalt Shingles; Metal; Other _____.
- _____ Roof sheathing (circle): 3/8"; 7/16"; 1/2"; O.S.B.; spruce plywood; Other _____.

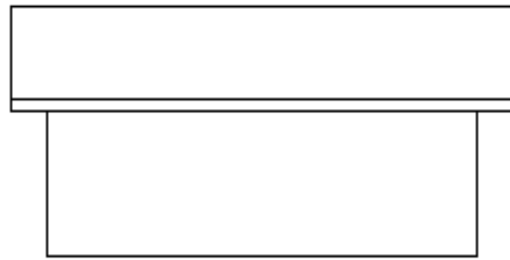
ELEVATIONS

Please complete the following information on the above elevation drawings:

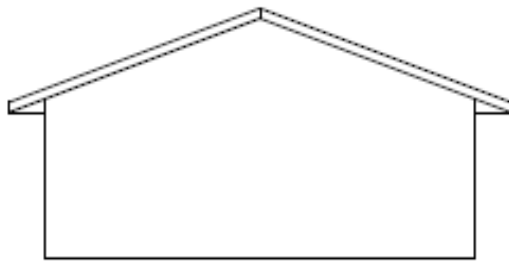
- Label each elevation (ie: North, South, East, West).
- Show all door and window locations and sizes on all elevations.
- Indicate slope of roof (ie: 3:12).



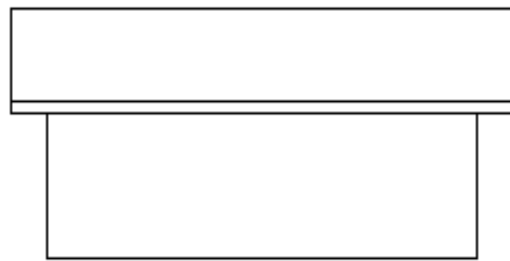
_____ Elevation



_____ Elevation



_____ Elevation



_____ Elevation

FLOOR PLAN

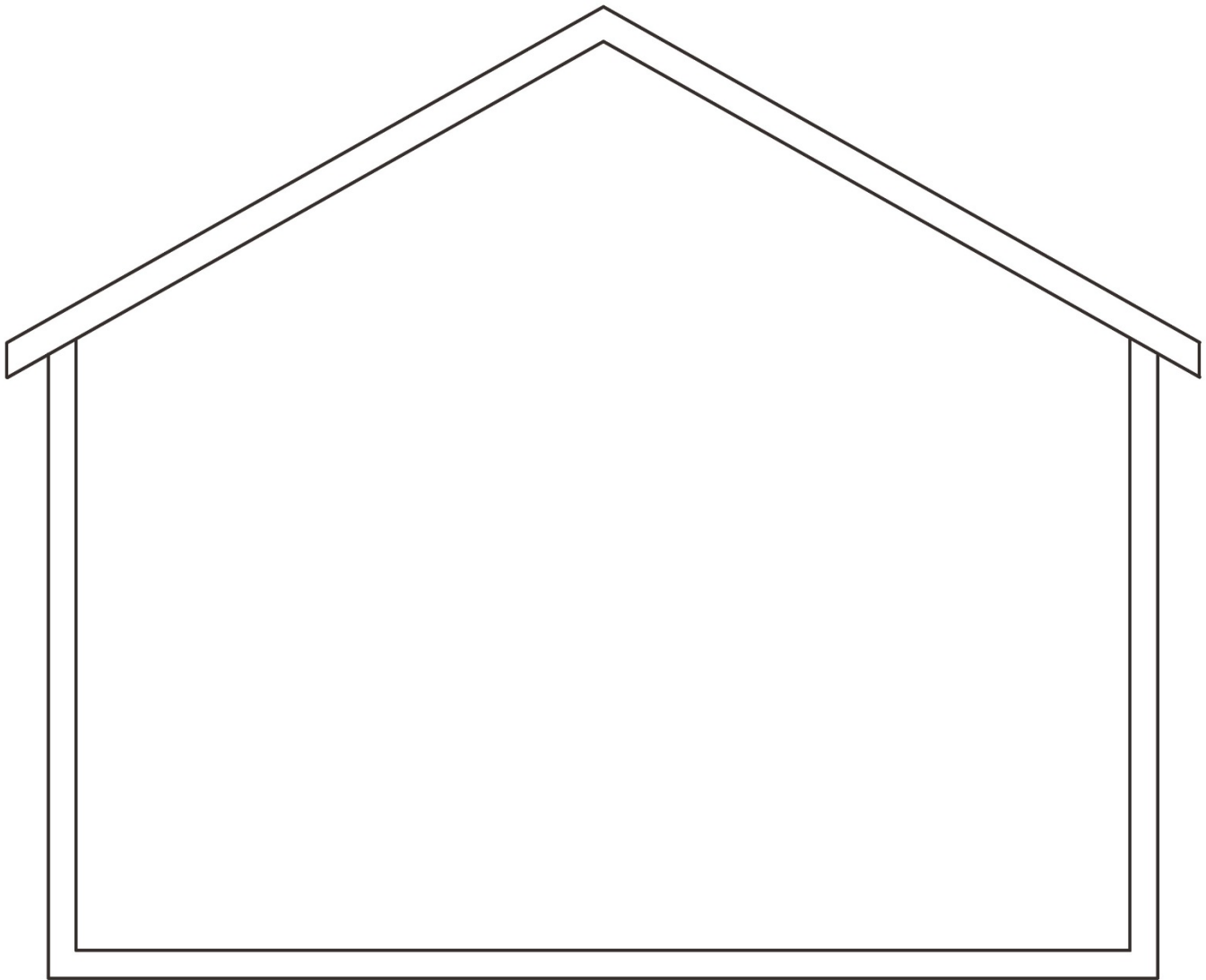
Please complete a floor plan on a blank piece of paper and include the following:

- Dimensions & purpose of all rooms, if applicable (ie: bathroom, office, etc.).
- Sizes of all openings (man doors, overhead doors, windows, etc.)

CROSS SECTION

Please complete the following information on the cross section drawings

- Wall height.
- Indicate the type and thickness of the foundation.
- Describe the building anchors.
- Identify the type and the dimensions of the window and door headers
- Complete the roof section showing the truss webbing with any bracing or rafter construction.
- Indicate and describe provision for roof ventilation, any insulation and wall finishes.



CHECKLIST
Accessory Building, Detached Garage, Storage Shed, etc.
(exceeding 108 sq. ft.) and DOES NOT include living quarters.

- Approved Development Permit (including approved Site Plan)
- Complete Building Permit Application Form
- Two sets of construction drawings
- *At least one set must be 11" x 17" or available as a PDF for our file.*

Drawings to be drawn to scale and include:

Foundation Plan

- Foundation type, depth, reinforcement and all related details.
- Engineering **is required** for the following:
 - * Concrete slab **greater than 592 sq. ft.** in size
 - * Concrete pile and grade beam systems
 - * Concrete piles
 - * Screw piles
 - * Concrete slab
 - * Preserved wood foundation
 - * Polycore foundation
- Engineering is **not required** for a frost wall foundation (min. 5 foot depth)

Floor Plan

- Dimensions & purpose of all rooms, if applicable (ie: bathroom, office, etc.).
- Sizes of all openings (man doors, overhead doors, windows, etc.)

Elevation Views & Cross Section

- Include views from all sides (North, South, East & West)
- Cross Sections with specifications
- **Engineering is required for tall walls** (exceeding 12 feet).

NOTE: Any changes from the original drawings that were approved need to be submitted for approval **prior** to the changes being made.

- Roof Truss and Beam Design Information
- Hydronic Heating Design Information & Designer Certification (if applicable)
- Structural insulated panel wall systems require engineering.

EXISTING STRUCTURE to be RELOCATED TO PARKLAND COUNTY

1. The applicant may be required to provide a letter from an engineer confirming the building is structurally adequate and safe to relocate onto the proposed new foundation system. (This may be required at the time of submission of the building permit application.)
2. All other requirements as per the above checklist would apply, including as-built construction plans.
3. After the building permit has been approved and the building is placed on the foundation system, the engineer shall conduct a site inspection to approve anchorage of the building to the foundation, verify the building is still structurally safe and provide written verification of the field review to Parkland County.

GARDEN SHED drawings must also **include all details for wood floor** and must be pressure treated material if placed on ground or may be spruce material on pressure treated 4" x 6" or 6" x 6" skids.

STEEL FRAMED (POLE TYPE) BUILDING drawings must be **stamped by an engineer and will require a field review** by an engineer for compliance.