

Building Permit Application



Village of Clive
Box 90, Clive, AB T0C 0Y0
Phone: 403-784-3366
Fax: 403-784-2012

Date: _____
Bldg Permit # _____
Dev. Permit # _____
Project Value: _____

Applicant Section:

Owner Name: _____ Address: _____

Phone Number: _____ Fax Number: _____ Postal Code: _____

Contractor: _____ Address: _____

Phone Number: _____ Fax Number: _____ Postal Code: _____

Architect and/or Engineer (if applicable): _____

Project Location: Village of Clive

Street Address: _____ Legal: Lot ____ Block ____ Plan _____

Project Information:

New Construction Addition Repair Alteration Other

*** Basement Development Detached Garage Deck

Intended use or occupancy of the building: _____

Building Area (sq. ft.) _____ Number of storeys: _____ Expected completion Date: _____

Description of Work: _____

Value of Work (materials and labor): \$ _____

X _____
Permit Applicant's Name (print or type)

X _____
(Permit Applicant's Signature)

Permit Validation Section (Office Use Only)

Documents Received Date: _____

Special Conditions: _____

See Plan Review Report _____ See Handout Included _____

Issuing Officer's Name (print or type)

Issuing Officer's Signature

Issuing Officer's Designation #

Date of Issue

Permit Fee: _____

SCC Fee: _____

Total Fees: _____

The Village of Clive being an Accredited Municipality pursuant to the Safety Codes Act requires an Accredited Agency to provide services within the corporate boundaries of the Municipality for the Building discipline.



The Village of Clive has designated IJD Inspections for this purpose. Therefore ALL Building Permits must be issued by IJD.