

TOWN OF COCHRANE

Building Safety Codes

101 RancheHouse Rd.
 Cochrane, AB T4C 2K8
 Phone: 403-851-2572 Fax: 403-932-2935
 Email: safety.codes@cochrane.ca



Fields marked with an * are required

Contractor Building Permit Application

CONTRACTOR & OWNER INFORMATION

Contractor Name *		Phone *	
Mailing Address *		Email *	
City & Postal Code *		Fax	
Property Owner Name *		Phone *	
Mailing Address *		Email *	
City & Postal Code *		Fax	
Project Address *		Legal Description	
		Lot/Condo Unit	Block Plan
Type of Construction *		Estimated Construction Value *	
Development Permit Number (if applicable) Check in the Land Use Bylaw			
New Home Warranty Number (if applicable)			
		Square footage of affected area only	Square footage of affected area only
Residential Main Floor	sq. ft.	Det. Garage/Accessory Bldg.	sq. ft.
Residential Second Floor	sq. ft.	Deck Only	sq. ft.
Residential Basement Dev	sq. ft.	Interior/Exterior Reno	sq. ft.
Attached Garage	sq. ft.	Wood Burning Stove	sq. ft.
Deck (with new residential application only)	sq. ft.	Accessory Suite	sq. ft.
Commercial	sq. ft.	Permit Fee (min \$90.00 + min \$4.50 SCC Fee)	
Sub Trades		NB Fees are for building only. Other fees will be applied and invoiced when your permit is issued	
Electrical		Phone	
Plumbing		Phone	
Gas		Phone	
APPLICANT DECLARATION I certify that I am the owner/agent submitting this application and construction will be completed in accordance with the Alberta Safety Codes Act and Regulations and will commence within 90 days . I understand contractor permits are to be completed within 180 days .			
I have read and understand the applicant declaration *			
		Applicant Name(Print)	Application Date(mm,dd,yyyy)
The information on this form, collected under the authority of Section 32(c) of the <i>Freedom of Information & Protection of Privacy Act</i> , is used solely for purposes relating to the administration of the Safety Codes Inspection Program. Questions about the collection of this information can be directed to the Town of Cochrane, 101 Ranchehouse Road, Cochrane, Alberta T4C 2K8.			
Telephone 403-851-2500			

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Fire Safety Plan

THIS PLAN MUST BE POSTED ONSITE AND OCCUPANTS/EMPLOYEES ARE EXPECTED TO BE TRAINED IN HOW TO FOLLOW ITS PROVISIONS

Address:

Description of Project:

Contact Personnel:

Phone #:

Specific Considerations:

- Fire extinguisher(s) will be available at all times during the progress of the construction
- Access to fire hydrants and buildings for fire apparatus must be maintained

Emergency Response Numbers: FIRE/POLICE/AMBULANCE: 9-1-1

General Considerations:

- A WARNING SYSTEM will be in place to warn of potential threats, and facilitate evacuation (yelling, ringing of a bell or horn, etc.)
- EVACUATE via the nearest exit if you are warned of a fire
- PROCEED to the main entrance (outside) and report to the Fire Department
- FIGHT the fire ONLY if it is small and you are NOT ALONE

Hazards Control:

- At the end of each day combustible refuse will be cleared from the site area and disposed of in bins or stored in neat piles. Unused construction material will be kept neat and orderly.
- No open-flame devices will be used inside buildings unless a dedicated watch is in place
- Liquid Propane Tanks or flammable liquids containers are not allowed within buildings

This Fire Safety Plan is designed in conformance with and is a requirement of Division B, Section 2.8.2 of the Alberta Fire Code, and on signature, becomes an agreement between the building owner/contractor and the Town of Cochrane Fire department.

I have read and understand the above

Building Owner/Contractor Name:

Date:

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Planning Credit Card Authorization



VISA/MasterCard No.

Expiry Date:

Amount Authorized: AS PER PERMIT INVOICE

Permission by:

Cardholder's Name:

Phone Number:

Date:
