

# 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](mailto: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)
<b>Sub Trades</b>	<b>NB Fees are for building only. Other fees will be applied and invoiced when your permit is issued</b>	
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 personal information collected through this permit application will be used to process your application. The information relates directly to and is necessary for the operation of the program or activity applied for and may be input into an automated system to generate content or make decisions, recommendations, or predictions. This information is collected and used under the authority of Section 4(c) of the Protection of Privacy Act and managed in accordance with the Act. For questions about the collection of personal information, please contact ATI@cochrane.ca.

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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: