



# APPLICATION FOR OCCUPANCY

PL 1149 (R2016-03)

(Please Print)

## Part A

|  |            |                                 |                         |
|--|------------|---------------------------------|-------------------------|
| <b>DECLARATION</b>   |            |                                 |                         |
| I _____ of _____   |            |                                 |                         |
| <small>(name)</small>  |            | <small>(address)</small>        |                         |
| City _____   |            | Province _____                  |                         |
| Declare that I am the: <input type="checkbox"/> Registered Owner <input type="checkbox"/> Authorized Agent <input type="checkbox"/> Authorized Tenant of the Registered Owner  |            |                                 |                         |
| <input type="checkbox"/> Other (including Purchaser) and hereby make application for a Permit to occupy the building or portion of the building herein described.  |            |                                 |                         |
| Business Name _____  |            |                                 |                         |
| Use / or Intended Use _____  |            |                                 |                         |
| Location Address _____   |            |                                 | Postal Code _____       |
| Legal Description _____  | Plan _____ | Block _____                     | Lot(s) _____            |
| Owner of the Property _____  |            |                                 |                         |
| Address _____  |            |                                 | Postal Code _____       |
| City _____   |            | Province _____                  |                         |
| <b>I further declare that the building or portion of the building meets the requirements set out in the Alberta Building Code and where applicable conditions set under examined Building Permit Application, Tenancy Change Application and Development Permit Application.</b> |            |                                 |                         |
| Building Permit Number _____   |            | Development Permit Number _____ |                         |
| Applicant's Signature _____  |            |                                 | Date (YYYY-MM-DD) _____ |

## Part B

| Where required, a signature of the authority(ies) noted below must be obtained prior to final approval by the Building Safety Codes Officer (SCO). An Occupancy Permit will be issued following approval by the Building Safety Codes Officer (SCO). |   |                     |           |                   |
|--|---|---------------------|-----------|-------------------|
| <b>Required</b>  | <b>Development Completion Permit</b><br>403-268-5311            | Name (Please Print) | Signature | Date (YYYY-MM-DD) |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |   |                     |           |                   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>Plumbing &amp; Gas SCO</b><br>3-1-1                          | Name (Please Print) | Signature | Date (YYYY-MM-DD) |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>Mechanical SCO</b><br>3-1-1                                  | Name (Please Print) | Signature | Date (YYYY-MM-DD) |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>Community Standards<br/>Calgary Fire Department</b><br>3-1-1 | Name (Please Print) | Signature | Date (YYYY-MM-DD) |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>Alberta Health Services</b><br>403-943-2296                  | Name (Please Print) | Signature | Date (YYYY-MM-DD) |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <b>Electrical SCO</b><br>3-1-1                                  | Name (Please Print) | Signature | Date (YYYY-MM-DD) |
| <b>Required</b><br><input checked="" type="checkbox"/> Yes   | <b>Building SCO</b><br>3-1-1 (Obtain Last)                      | Name (Please Print) | Signature | Date (YYYY-MM-DD) |

The personal information on this form is being collected under the authority of The Calgary Building Permit Bylaw 64M94 (Section 5) and amendments thereto. It will be used for the permit review and inspection processes and may be communicated to relevant City Business Units, utility providers, and Alberta Health Services. It may also be used to conduct ongoing evaluations of services received from Planning, Development & Assessment. The name of the applicant and the nature of the permit will be available to the public. Please send inquiries by mail to the FOIP Program Administrator, Planning, Development & Assessment, PO Box 2100, Station M, Calgary, AB T2P 2M5 or contact us by phone at 311.

ISC: Confidential