

Footing and Foundation Permit

Applicant's Name: _____

Address of Development: _____ **Tax Roll #** _____

Development Permit Number: _____ **Building Permit Number:** _____

I / we hereby make application for a Footings and Foundation Permit under the provisions of Building Permit Bylaw Number 411 and amendments thereto, in accordance with the plans and supporting information submitted herewith which form a part of this application.

I/we acknowledge that the footing and foundation must comply with the requirements stated in the Building Grade Slip (i.e. all footing elevations, cement requirements, soil bearing certificate requirements, easements), the Town of Turner Valley's Land Use Bylaw and the Alberta Building Code. I/we also acknowledge that any requirement for engineering remains my/our responsibility.

Applicant's Signature: _____ **Date:** _____

This permit is being issued solely on the examination of the plot plan submitted. It is the responsibility of the applicant to ensure that all utility Right of Ways, easements and projections into setbacks are shown on the plot plan.

Your development application has been approved subject to conditions and your building permit application has been forwarded to Davis Inspection Services Ltd. for processing.

You have permission to proceed with the development of the footings and foundation only, subject to the conditions of the Development Permit and following the process for submission of the information required on the Grade Slip Process Form.

Further construction is not to be commenced until the Building Permit has been issued.

Note to applicant: It is understood that the examination of the plans and supporting information submitted has not been completed at this time and the applicant is proceeding at their own risk.

This information is being collected under the authority of the Freedom of Information & Protection of Privacy Act (FOIPP) and will be used for Footings and Foundation Permit Application purposes. You should be aware that this application can and may be disclosed to members of the public in accordance with FOIPP, however, it is protected by the privacy provisions of (FOIPP). Your signature on this application will authorize the release of all information related to the application, unless otherwise specified.

PERMIT STATUS: **Granted** **Refused**

Safety Codes Officer (Building) # _____ **Date** _____

Please acknowledge and mail, fax or deliver to the address listed above, or email to planning@turnervalley.ca.