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PERMIT EXTENSION REQUEST FORM

Fa	Fax: (780) 963-0935 Email: planning@stonyplain.com			TAX ROLL #				LAND USE DISTRICT		
TYPE OF PERMIT:		☐ Development			☐ Building			□ Other		
PERMIT #:		CURRENT EXPIRY DA	TE:		REQUESTED E			(PIRY DATE:		
PROPERTY INFORMATION (The following information is required)										
MUNICIPAL ADDRESS:			F	PLAN: B		BLOCK:		LOT:		
LONG LEGAL (if applicable) :										
······································										
APPLICANT:		CONTACT NAME:								
ADDRESS:										
CITY:				PROV:				P/C:		
dir.				PROV.				F/C.		
EMAIL:				F	PHONE:		CELL:	l	FAX:	
REASON FOR EXTENSION REQ										
DATE: NAME:			SIGN			SIGNAT	ATURE:			
For office use only										
FEE: RECEIPT:			PAYMENT METHOD CASH			CASH [☐ DEBIT ☐ CHEQUE ☐ VISA ☐ MC			
DEVELOPMENT PERMIT EXTENSION: APPROVED REFUSED										
DATE:			DEVELOPMENT OFFICER:				SIGNATURE:			
						•				
BUILDING PERMIT EXTENSION: APPROVED REFUSED NEW EXPIRY DATE (to be completed by Building SCO):										
REQUIRED INSPECTIONS:										
DATE: SAFETY CODES OFFICER:										
DESIGNATION#:	SI	SIGNATURE:								
Privacy Disclosure: This personal information is being collected for the Town of Stony Plain under the authority of Section 33c of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used to collect information regarding Permit Extension Request. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780-963-2151.										