



# Commercial / Industrial Projects / Additions and Multi-Family/Apartment /Condo Checklist

## Building Inspections Department

**NOTE: Insufficient information will cause delay in issuance of building permit. If Not Applicable - Enter "N/A"**

|  |   |  |  |
|--|---|--|--|
| GENERAL INFORMATION (To be completed by the applicant, please print)   |   |  |  |
| Project Name   |   | Total Construction Area of Suite– M <sup>2</sup> | Area of Building – M <sup>2</sup> (Entire Building Area) |
| Project Municipal Address  |   |  | Suite Number   |
| <input type="checkbox"/> New <input type="checkbox"/> ADDITION <input type="checkbox"/> INTERIOR ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> OTHER |   |  |  |
| Proposed Use of Premise  |   | Previous Use of Premise                          | Major Use of Building                                    |
| No. of Storeys   | <input type="checkbox"/> EXISTING TENANTS <input type="checkbox"/> FIRST TENANTS <input type="checkbox"/> NEW TENANTS <input type="checkbox"/> NO TENANTS (Leasehold Improvement) |  |  |
| Building is fully sprinklered?   | <input type="checkbox"/> YES <input type="checkbox"/> NO  | Sprinklers will be altered?                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Building is equipped with fire alarm?  | <input type="checkbox"/> YES <input type="checkbox"/> NO  | Fire alarm will be altered?                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Standpipe and hose system?   | <input type="checkbox"/> YES <input type="checkbox"/> NO  | Municipal Water supply?                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Restaurant (if applicable)    Seating Capacity: _____  |   | Fire Access?                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Seating Capacity of Drinking Establishment: _____  |   | Streets for Fire Fighting Access?                | 1    2    3  |

- SITE PLAN – (if applicable) showing the exact location of the tenant space within the building.
  - ARCHITECTURAL AND/OR STRUCTURAL DRAWINGS
  - MECHANICAL DRAWINGS – HVAC plans and /or equipment lists (include kitchen and layout if applicable)
  - ELECTRICAL DRAWINGS – Exit lights, emergency power and fire alarm, controls and devices
  - PLUMBING DRAWINGS – Plumbing lines/fixtures
  - SCHEDULES A & B –         Architectural     Structural     Mechanical     Electrical     Geotechnical  
**Digital signature & electronic seals of registered professionals are acceptable provided they are used in accordance with the AAA and/or APEGA requirements**
  - WHICH ENGINEERING IS THE COORDINATING REGISTERED PROFESSIONAL?  
 Architectural     Structural     Mechanical     Electrical     Geotechnical
  - GEOTECHNICAL REPORT (FOR FOUNDATION)
  - HEALTH CARE FACILITY – ELECTRICAL PATIENT CARE AREA DECLARATION
  - ONE COPY OF NEW HOME BUYERS PROTECTION PLAN CERTIFICATE - (IF APPLICABLE)
  - NECB PROJECT SUMMARY STATEMENT OF COMPLIANCE
- |           |              |             |
|-----------|--------------|-------------|
| NECB 2017 | PRESCRIPTIVE | PERFORMANCE |
| 9.36      | PRESCRIPTIVE | PERFORMANCE |
- COMPLETED APPLICATION FORM

**OTHER INFORMATION REQUIRED**

Has barrier free design been indicated in drawings and specification e.g. washrooms, counters, entrance? Review Section 3.8 of the Alberta Building Code or contact the Safety Codes Council for a copy of Barrier Free Design Guide. #800, 10707 - 100 Avenue NW Edmonton AB T5J 3M1 Canada Phone – (780) 413-0099/Toll free (888) 413-0099 Fax – (780) 424-5134/Toll Free (888) 424-5134 www.safetycodes.ab.ca

Sprinklered Building Less than 20 heads being modified - If less than 20 heads are required to be modified from the original design a letter will be required from a professional engineer verifying that the modification conform to NFPA 13 “Standard for the installation of Sprinkler Systems”.

NUMBER OF HEADS BEING MODIFIED \_\_\_\_\_

NAME OF PROFESSIONAL \_\_\_\_\_

Sprinkler Building More than 20 heads being modified – Provide plans stamped by a professional engineer. **(not applicable cross out)**

NAME OF PROFESSIONAL \_\_\_\_\_

Fire Alarm System – Installation or modification of a fire alarm system in a building requiring Professional involvement requires a registered engineering professional to develop plans and specifications for the fire alarm. Stamped drawings to show full details of the installation are required in both hard copy and digital format. Documents submitted must match the requirements in CAN/ULC-S524-13 Section 3.5.

**(Not applicable cross out)**

NUMBER OF DEVICES BEING MODIFIED \_\_\_\_\_

NAME OF PROFESSIONAL \_\_\_\_\_

I acknowledge that the plans may be submitted to Environmental Public Health by the City of Spruce Grove.

**By signing this form you are indicating that you have checked your plan against this document and confirm the above information has been provided as part of this application.**

The Permit Applicant shall be responsible to ensure that all construction work has or will be completed in accordance with the NBC-2019 AE, the Safety Codes Act of Alberta and Municipal Bylaws.

The Building Permit shall automatically lapse and become void if active Work is not commenced within 90 Days from the date of the approved Building Permit, or if Work approved for the Permit is suspended or abandoned for a period of 120 Days at any time after the Work is commenced. Before Work can proceed again, a New Building Permit shall be obtained and new Fees would be required.

Subject to this application being approved, the undersigned acknowledges responsibility for all work associated with the project, including any and all damages to public or private property. The applicant understands that no groundwater of any kind including weeping tile, roof downspouts, or site drainage may enter the sanitary sewer system.

I acknowledge that if the development permit application is approved it is subject to an appeal period as per the Municipal Government Act, RSA 2000, c-26.1 and that the decision may be ultimately overturned or amended. I do accept that if I commence development within the 14 day appeal period, I am doing so with the appropriate development and building permits issued and at my own risk accepting all legal responsibilities.

**Date:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Applicant's email:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_