



Development Permit Application Package

RESIDENTIAL BASEMENT

Version 1 – October 2021



Development Permit Application Requirement List

Basement Development

Please check off the following information which is required to facilitate a thorough evaluation and timely decision on your application. All information and material for this application must be complete, clear, legible and precise. The processing of your application will be put on hold status until the complete information is submitted.

Only complete applications will be accepted.

Applicant Use	Office Use	Required Documents and Information
		1. Basement Development Information Sheet
		2. Building Permit Application
		3. Building Permit Fee
		4. Performance Security
		5. Floor Plan Drawing please include labels showing the use of each room. The Basement Development Information Sheet includes an exhaustive list of what needs to be included on the floor plan.
		6. Fire Safety Plan
		7. Electrical Permit
		8. Plumbing Permit

Applicant's Signature: _____
 (Confirming that all required information has been provided, is correct and complete)

Date: _____



TIMING FOR BUILDING INSPECTIONS



To arrange an inspection, go to <https://forms.strathmore.ca/Permit-Inspections> for each of the stages listed below. **THE INSPECTION MUST BE ARRANGED 2 - 3 WORKING DAYS IN ADVANCE.**

A Building Permit is valid for one year from the date of issuance.

If your project is not completed within the one year time limit, an extension must be applied for in writing to development@strathmore.ca. The proposed completion date must be included.

RESIDENTIAL BASEMENT DEVELOPMENT

FRAMING INSPECTION

Arrange when the following are complete:

Walls are framed,
Heating and ventilation ducts are installed,
Exhaust ducts to exterior are installed,
Bedroom egress windows are installed, and
Plumbing & electrical inspections have been done.

AND

FINAL INSPECTION

Arrange when the following are complete:

Ceiling is installed,
Walls are painted,
Doors and trim are installed,
Heat registers and vent covers are installed, and
Electrical and plumbing are complete.

Please note * Separate permits and inspections are required for plumbing, gas, and electric. These Permits are applied for at the Town Office and inspections are booked through the Town's website as noted above. The inspection will be undertaken by Park Enterprises Ltd.



2021 Basement Development Information Sheet
based on National Building Code 2019 – Alberta Edition
 (to be completed and submitted with Building Permit Application)

I. ADDRESS OF HOUSE	
II. DRAWING REQUIREMENTS	
1. The layout of the basement with approximate room sizes shown on the drawing?	Yes <input type="checkbox"/>
2. Intended use of each room shown on drawing?	Yes <input type="checkbox"/>
3. The location of the stairs shown on the drawing?	Yes <input type="checkbox"/>
4. The location of smoke alarms and carbon monoxide detectors shown.	Yes <input type="checkbox"/>
5. The location of heat ducts shown on drawings.	Yes <input type="checkbox"/>
6. Size, type and location of bedroom windows shown on drawings.	Yes <input type="checkbox"/>
III. FRAMING OF WALLS	
1. Wood framing members supported on the concrete floor are to be: a) pressure treated with a wood preservative OR b) installed over a min 0.05 mm (2 mil) polyethylene film	Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>
2. Wall studs shall be continuous for the full storey height except at openings and shall not be spliced.	Yes <input type="checkbox"/>
INSULATION AND AIR/VAPOR BARRIER	
Existing frost walls at perimeter of basement are complete with insulation and 6 mil poly air/vapor barrier. Stud size & spacing and insulation thickness of existing perimeter walls noted on drawing.	Yes <input type="checkbox"/> No <input type="checkbox"/>
All holes, tears and gaps in 6 mil polyethylene air/vapor barrier to be sealed prior to covering.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Insulation located in areas where it may be subject to mechanical damage is to be protected by a covering such as gypsum board or plywood. This includes areas within 1 meter (3.3 feet) of the furnace, hot water heater, and washer and dryer.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
SMOKE ALARMS IF NO BEDROOMS WITH BASEMENT DEVELOPMENT	
A minimum of one interconnected smoke alarm is required in a basement where no bedrooms are being proposed. Smoke alarms to be at least 1 metre away from bathroom doors.	No bedrooms <input type="checkbox"/>
BEDROOM DETAILS TO BE SHOWN ON DRAWING (if no bedrooms, go to heating & ventilation)	

1. Fresh air supply (supply duct from furnace) to each bedroom shown on Drawing?	Yes <input type="checkbox"/>
2. Location of Smoke Alarm (interconnected) shown on drawing and located: a) within each bedroom, and b) in a location between the sleeping rooms and the remainder of the basement, and c) within the hallway leading to the bedrooms (if a hallway exists). Smoke Alarms to be at least 1 metre away from bathroom doors.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Location of Carbon Monoxide Detector (interconnected) shown on drawing: a) inside each bedroom OR b) outside each bedroom within 5 meters of the bedroom door.	
THE SMOKE ALARM AND CARBON MONOXIDE DETECTOR CAN BE COMBINATION UNITS WHERE THEY SHARE A LOCATION.	
4. Egress window openable area identified on Drawing (usually the area of the screened mesh) and the egress area is required to meet both: a) minimum dimension not less than 380 mm (15 inches) and b) minimum open area not less than .35 m ² (540 inch ²)? The type of window is to be noted, ie horizontal slider, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. If a window well is required, minimum horizontal distance of 760 mm (30 inches) from face of glass to window well shown on drawings?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
HEATING AND VENTILATION	
1. A warm air supply outlet is required to each room with an exterior wall (this includes walk-in closets) and shown on the drawing.	Yes <input type="checkbox"/>
2. Joints in new ventilation system ducting shall be sealed with mastic or metal foil duct tape.	Yes <input type="checkbox"/>
3. Return air duct provided to basement with location shown on drawing?	Yes <input type="checkbox"/>
4. Return air to be provided by 3/4" gap under bottom of door to a room if return air duct not provided inside room?	Yes <input type="checkbox"/>
5. Bathroom exhaust to be ducted to outside? Shown on drawing.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
6. Dryer exhaust to be ducted to outside? Shown on drawing.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
FURNACE/MECHANICAL ROOM	
1. Furnace is in a utility room separated from developed area.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Utility room will have a door with minimum size of 810 mm X 1980 mm (32 inches by 80 inches).	Yes <input type="checkbox"/>
3. Light with wall switch installed inside furnace room.	Yes <input type="checkbox"/>
4. Return air vents inside the furnace room have been closed off and sealed?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
STAIRS	
1. Handrail to be installed prior to final inspection under Building Permit?	Yes <input type="checkbox"/>

2. Are there walls on both sides of the stairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. If one or both sides of the stair are open along the sides, a 900 mm (36 inch) high guard rail is to be installed. Spacing of the members in the guard rail not to exceed 100 mm (4 inches).	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. 3-way switches located at top and bottom of stairway to control at least one light fixture illuminating the stair.	Yes <input type="checkbox"/>
RADON (SOIL) GAS	
To limit the ingress of Radon gas, the recommended practice is to seal (using flexible sealant) around all penetrations through the concrete floor, all cracks in the concrete floor, and around the perimeter of the concrete floor where accessible.	
FIRE SAFETY PLAN	
1. Fire Safety Plan completed and included with application.	Yes <input type="checkbox"/>
OTHER INFORMATION	
Mid efficient furnace or hot water appliance chimney exhaust must have minimum clearances to any combustibles. 25 mm (1 inch) around B vent chimney and 150 mm (6 inch) around C vent chimney. Alberta Gas Code	
B and C vent chimneys are to be kept clean from accumulation of dust. Alberta Fire Code	
Furnace shutoff switch is to be located between the door to the furnace room and the furnace itself. Canadian Electrical Code	
A minimum of 600 mm (24 inches) is to be maintained in front of the furnace for maintenance access. Alberta Fire Code	
Dryer ducts are to be supported to minimize low spots in the horizontal ducting which could allow for lint to accumulate. Alberta Fire Code	

**BUILDING PERMIT APPLICATION**

Town of Strathmore
1 Parklane Drive, Box 2280
Strathmore, AB T1P 1K2
development@strathmore.ca

Town of Strathmore

Permit Label

To be completed by Town Staff	Development fee		
Development Permit #	Calgary Growth Charge		
Building Permit #	Water meter fee		
Date:	Building Permit fee		
Date of receipt of complete application	Safety Codes Council fee		
	Total payable		

To be completed by Owner or applicant			
Project Civic Address			
Legal Address	Lot	Block	Plan
Construction Value \$	Area: _____ <input type="checkbox"/> ft ² or <input type="checkbox"/> m ²		
TYPE OF PROJECT (check applicable box)			
<input type="checkbox"/> Residential New Single Family Dwelling		<input type="checkbox"/> Single Family Addition	<input type="checkbox"/> Single Family Renovation
<input type="checkbox"/> Residential Semi-Detached / Duplex Dwelling(s)		<input type="checkbox"/> Basement Development	<input type="checkbox"/> Deck
<input type="checkbox"/> Residential Manufactured / Modular Home		<input type="checkbox"/> Shed	<input type="checkbox"/> Detached Garage
<input type="checkbox"/> Residential Multi-family _____ # of dwelling units		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Wood Burning Appliance
<input type="checkbox"/> Commercial A. <input type="checkbox"/> New building <input type="checkbox"/> Renovation B. <input type="checkbox"/> Office/Personal Service <input type="checkbox"/> Retail <input type="checkbox"/> Assembly (restaurant/drinking)			
<input type="checkbox"/> Industrial A. <input type="checkbox"/> New Building <input type="checkbox"/> Renovation B. <input type="checkbox"/> F3 Light Hazard <input type="checkbox"/> F2 Medium Hazard			
<input type="checkbox"/> Secondary Suite		<input type="checkbox"/> Other (if not listed above): describe project	

Estimated start date of construction:	
Estimated completion date of construction:	

OWNER NAME:		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
E-mail address:		

CONTRACTOR NAME:		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
E-mail address:		

APPLICANT NAME:		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:

E-mail address:

List of Contractors Responsible for the Following Disciplines (if applicable)		
HVAC	Name:	Ph #
Electrical	Name:	Ph #
Plumbing	Name:	Ph #
Gas	Name:	Ph #

I authorize the appropriate officers of the Town of Strathmore the right to access the property for the purpose of any necessary inspection in conjunction with this application. The undersigned hereby agrees to build according to the approved permits, information above, Plan Examination Report, and plans and specifications herewith submitted and agrees to comply with all Town Bylaws and Safety Code requirements.

I (print name),		hereby certify that:
	I am the owner.	
	I have been designated as the representative or agent of the owner, and I am aware that it is my responsibility to obtain all approvals from the land owner.	
I have read and understand this application in its completed form.		
SIGNATURE:		DATE:

DECISION

This Permit is valid for ____ year(s) from the date of issuance. If this project is not complete within the ____ year(s) time limit, an extension must be applied for or the Permit will be deemed to be expired and a new Permit will be required.

Date of issuance of Permit: _____

Safety Codes Officer: _____

Designation Number: _____

The Town of Strathmore is the Authority Having Jurisdiction and the Issuing Municipality

Protection of Privacy - The personal information requested on this form is collected under the authority of the Safety Codes Act, the Municipal Government Act and Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purpose of issuing permits, Safety Codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is public information and will be released to the public upon request. Direct any questions about this collection to the Town of Strathmore FOIP Coordinator at 403-934-3133, weekdays.



Town of Strathmore
1 Parklane Drive, Box 2280
Strathmore, AB T1P 1K2
Fax 403-934-4713

Fire Safety Plan

THIS PLAN MUST BE POSTED ONSITE AND OCCUPANTS/EMPLOYEES ARE EXPECTED TO BE TRAINED
IN HOW TO FOLLOW ITS PROVISIONS

Building Permit # _____ Address: _____

Building Name (if applicable): _____

Description of Project: **Basement Development**

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 Strathmore Fire department.

Building Owner/Contractor Name: _____
Print name

Building Owner/Contractor Signature: _____
Signature

Date: _____

**ELECTRICAL PERMIT APPLICATION**

Town of Strathmore
1 Parklane Drive, Box 2280
Strathmore, AB T1P 1K2
development@strathmore.ca

Town of Strathmore

Permit Label

Date of Application: _____ Estimated Start Date: _____

Development Permit Number: _____ Est. Completion Date: _____

Accredited Municipality: Town of Strathmore Civic Address: _____

Lot: _____ Block: _____ Plan: _____

Part of: _____ ¼ SEC _____ TWP _____ RG _____ W _____ Meridian

Owner's Name: _____ **Phone Number:** _____**Mailing Address:** _____ **Fax number:** _____**City/Town:** _____ **Prov.** _____ **Postal Code:** _____**Email:** _____ **Home Owner's signature** _____

Home Owner's signature/declaration (homeowner permits only) "I hereby declare I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and assume responsibility for compliance with the applicable Acts and Regulations.

Contractor's Name: _____ **Phone Number:** _____**Mailing Address:** _____ **Fax Number:** _____**City/Town** _____ **Prov.** _____ **Postal Code:** _____**Master Certification #:** _____ **Master Electrician's Signature:** _____**Email:** _____**Applicant's Name:** _____ **Applicant's Signature:** _____**Mailing Address:** _____ **Phone Number:** _____**City/Town:** _____ **Fax Number:** _____**Prov.** _____ **Postal Code:** _____ **Email:** _____

*The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The Permit will expire in 1 year unless otherwise noted.

**The Permit Applicant acknowledges that No Refunds will be issued after Permit Issuance, the Plan Review process has been initiated, or for Permit Applications that have been pending in excess of 90 days due to lack of information or payment.

Project Information: *please check one box from each of the lines below:***Type of Work:** ☐ New Work ☐ Renovation ☐ Connection ☐ Alteration ☐ Other Specify) _____**Intended Use:** ☐ Institutional ☐ Industrial ☐ Commercial ☐ Residential ☐ Basement Development**Supply Service Required:** ☐ Yes ☐ No **Service:** Amperes: _____ **Voltage:** _____ **Phase:** _____**Type of Supply Service:** ☐ Overhead ☐ Underground ☐ Temporary ☐ Pad Transformer**Value: (labour & materials):** _____ **Total Development Area:** _____ ft²/m²**Description of Work:** _____**Permit Fee:** _____ **Other Fee:** _____ **SCC Levy:** _____ **Total Fee:** _____**Payment Method:** ☐ Cash ☐ Cheque ☐ Debit ☐ Visa ☐ Master Card**Credit Card Payment Information:****Name of Card Holder** _____ **Card Number:** _____**Expiry Date** _____ **CVC Number** _____

(credit card information will not be forwarded outside of the Municipal Office)

Permit Issuance Information (this section is to be completed by Permit Issuer)**Date of Issue:** _____ **Name:** _____**Designation No:** _____ **Signature:** _____



PLUMBING PERMIT APPLICATION

Town of Strathmore
1 Parklane Drive, Box 2280
Strathmore, AB T1P 1K2
development@strathmore.ca

Town of Strathmore

Permit Label

Date of Application: _____ Estimated Start Date: _____
Development Permit Number: _____ Est. Completion Date: _____

Accredited Municipality: Town of Strathmore Civic Address: _____
Lot: _____ Block: _____ Plan: _____
Part of: _____ ¼ SEC _____ TWP _____ RG _____ W _____ Meridian

Owner's Name: _____ Phone Number: _____
Mailing Address: _____ Fax number: _____
City/Town: _____ Prov. _____ Postal Code: _____
Email: _____ Home Owner's signature _____

Home Owner's signature/declaration (homeowner permits only) "I hereby declare I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and assume responsibility for compliance with the applicable Acts and Regulations.

Contractor's Name: _____ Phone Number: _____
Mailing Address: _____ Fax Number: _____
City/Town _____ Prov. _____ Postal Code: _____
Journeyman Class and Number: _____ Journeyman's Signature: _____
Email: _____

Applicant's Name: _____ Applicant's Signature: _____
Mailing Address: _____ Phone Number: _____
City/Town: _____ Fax Number: _____
Prov. _____ Postal Code: _____ Email: _____

*The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The Permit will expire in 1 year unless otherwise noted.

**The Permit Applicant acknowledges that No Refunds will be issued after Permit Issuance, the Plan Review process has been initiated, or for Permit Applications that have been pending in excess of 90 days due to lack of information or payment.

Project Information: *please check one box from each of the lines below:*

Type of Work: ☐ New Work ☐ Renovation ☐ Connection ☐ Alteration ☐ Other (Specify) _____

Intended Use: ☐ Institutional ☐ Industrial ☐ Commercial ☐ Residential ☐ Basement Development
☐ Garage or Accessory Building (shed) ☐ Other (Specify) _____

If Institutional, Industrial or Commercial, does a Backflow/Cross-Control Connection device exist? Yes ☐ No ☐

If no, one must be installed as per Bylaw 19-19

Value: (labour & materials): _____ Total Development Area: _____ ft²/m²

Plumbing: *please indicated the number of fixtures:*

Kitchen Sinks: _____ Toilets (Water Closets): _____ Backwater Valve: _____ Laundry Standpipe: _____
Wash Basins: _____ Floor Drains: _____ Sump Pump: _____ Hose Bibs: _____
Bathtubs: _____ Auto Washers: _____ Bar Sinks: _____ Dishwasher: _____
Showers: _____ Sprinkler Heads: _____ Other: _____ Specify: _____

Total Number of Fixtures: _____

Permit Fee: _____ Other Fee: _____ SCC Levy: _____ Total Fee: _____
Payment Method: ☐ Cash ☐ Cheque ☐ Debit ☐ Visa ☐ Master Card

Credit Card Payment Information:

Name of Card Holder _____ Card Number: _____
Expiry Date _____ CVC Number _____

(credit card information will not be forwarded outside of the Municipal Office)

Permit Validation Section and Permit Issuer's Information (to be completed by Permit Issuer)

Date of Issue: _____ Name: _____
Designation No: _____ Signature: _____

Protection of Privacy – The personal information requested on this form is collected under the authority of the Safety Codes Act, the Municipal Government Act and Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purpose of issuing permits, Safety Codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is public information and will be released to the public upon request. Direct any questions about this collection to the Town of Strathmore FOIP Coordinator at 403-934-3133, weekdays.

Updated January 2021