



REGIONAL MUNICIPALITY  
OF **WOOD BUFFALO**

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**EMERGENCY SERVICES**

**REGIONAL MUNICIPALITY OF WOOD BUFFALO  
FIRE PREVENTION BRANCH  
APPLICATION FOR PERMIT / SERVICE**

Type of Permit: \_\_\_\_\_

Permit Location Applicable: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Contact Name: \_\_\_\_\_

Address: Town/City \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_ Business License (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_ Permit Commencement Date Requested: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ (Please Print) Contact #: \_\_\_\_\_

The undersigned hereby applies for the above in accordance with the Alberta Fire Code and the Regional Municipality of Wood Buffalo By-laws and requirements.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Application / Permit Fee Attached: \_\_\_\_\_

Invoice Requested: \_\_\_\_\_

The personal information on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. The personal information will be used for inspection, billing and issuing purposes. If you have any questions regarding the collection or use of this information contact the Fire Prevention Branch Fire Hall #5, 200 Sapræe Creek Trail T9H 4P1, or call (780) 792-5519. Applications can be faxed to (780) 743-3800.

**FOR OFFICE USE ONLY**

Date / Time Application Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_

Receipt Number: \_\_\_\_\_  
(Cash, Cheque, Debit or Credit)

Invoice Date (if applicable): \_\_\_\_\_

Single Event \_\_\_\_\_ Month \_\_\_\_\_ Annual \_\_\_\_\_