



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 emailed RESFire.PreventionBranch@rmwb.ca or 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 _____