



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

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

Permit Location(s) Applicable: \_\_\_\_\_

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

Company Name: \_\_\_\_\_ Company Phone Number: \_\_\_\_\_

Full Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Business License Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Permit Use:    Annual                       Single Event                       Monthly  \_\_\_\_\_ (months)

Requested Permit Commencement Date: \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

*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 Sapræ Creek Trail T9H 4P1, or call 780-792-5519.*

**FOR OFFICE USE ONLY**

Date/Time Application Received: \_\_\_\_\_ Total Fee: \$ \_\_\_\_\_

Received By: \_\_\_\_\_ Invoice Date: \_\_\_\_\_

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

*Please send the complete application to [RESFire.PreventionBranch@rmwb.ca](mailto:RESFire.PreventionBranch@rmwb.ca)*

**Regional Municipality of Wood Buffalo  
Fire Prevention Branch**  
200 Sapræ Creek Trail, Fort McMurray, Alberta, T9H 4P1  
[www.rmwb.ca/fireprevention](http://www.rmwb.ca/fireprevention)

