



### Building Permit Pre-Application Meeting Intake Form

The following information will help Building Services staff understand your project so they can provide you with information specific to your project during your meeting. Please submit any available plans and documents before your meeting date by email to [building@rockyview.ca](mailto:building@rockyview.ca) or in-person at the County Hall. *(Please mark all documents to the attention of your meeting planner).*

#### 1. Contact Information:

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Address of Project: \_\_\_\_\_

What is your role in this project? *(i.e. Project manager, owner/builder, designer)* \_\_\_\_\_

#### 2. Additional Property Information: *(if different from above)*

Property Owner Name(s): \_\_\_\_\_

Property Owner Phone Number: \_\_\_\_\_ Property Owner Cell: \_\_\_\_\_

Property Owner Email: \_\_\_\_\_

#### 3. When are you available to meet? *(Meetings are scheduled Monday to Friday during regular business hours)*

4. How many people will be attending the meeting? \_\_\_\_\_

#### 5. Type of Project:

- |                          |                          |                        |                          |
|--------------------------|--------------------------|------------------------|--------------------------|
| Single-Family Dwelling   | <input type="checkbox"/> | Industrial Building    | <input type="checkbox"/> |
| Multi-Family Residential | <input type="checkbox"/> | Assembly Building      | <input type="checkbox"/> |
| Commercial Building      | <input type="checkbox"/> | Institutional Building | <input type="checkbox"/> |
| Mercantile Building      | <input type="checkbox"/> | Manufacturing          | <input type="checkbox"/> |
| Warehouse Building       | <input type="checkbox"/> | Post-Disaster Building | <input type="checkbox"/> |
| Cannabis Facility        | <input type="checkbox"/> | Farm Building          | <input type="checkbox"/> |

#### 6. Permit and Code Details: *(please specify as applicable)*

Development Permit Number: \_\_\_\_\_

Building Code: \_\_\_\_\_ Code Article: \_\_\_\_\_

Energy Code: \_\_\_\_\_ Compliance Path: \_\_\_\_\_

**7. What questions do you have about your project?**

**8. Type of Building:** New  Existing

*If existing, please provide as much information as possible about the building and the proposed changes. (i.e. sprinkler systems, fire alarm system, building classification, date of construction, total building area, number of floors, electrical, plumbing, gas or HVAC, etc.)*

**9. If your project is non-residential, farm, or multi-family, please provide project details for the type of building and its proposed use. Details should include, but not be limited to, what is outlined below.**

**Restaurant:** Type of restaurant (take-out or eat-in, provide indoor and outdoor seating capacity); Ventilation system to meet NFPA 96 for hood fan and suppression system.

**Automotive/Vehicle Storage Business:** Type of Business (repair/auto body/car wash/vehicle storage); Ventilation system meeting ASHRAE 62 with CO and NO2 monitoring devices; Will there be a spray booth?

**Industrial, Warehouse, Manufacturing:** Size of sales/display area, if applicable; Will it have a propane forklift or other fuel-fired vehicle? Will there be racking installed? Will there be chemical storage?

**Cannabis Facility:** Will growing and processing take place in the building? Does the building meet Federal regulations? Size of retail area, if applicable.

**Farm Building:** The use of the building; Will it include processing, growing or storage of materials? Will the public have access within the building? Occupant load?

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

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

Submit your form by email to [building@rockyview.ca](mailto:building@rockyview.ca). Please note that the fee for the pre-application meeting is due before your meeting date. Your meeting planner will contact you with fee details and available meeting times.