



Lot Grading Permit Application

Project Address: _____

Date: _____

Property Owner: _____ Applicant

Name: _____ Paid

Address: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Type of Project

New Installation	
Infill Development	

Submission

Vertical Grade Stamp	
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Contractor: _____ Applicant

Name: _____ Paid

Address: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

B/L #: _____

Details

Note

For all new single detached, two-unit, three-unit or four-unit dwellings.

Residential Installation	Fee	
Lot Grading Permit- Dwelling	\$	100.00

TOTAL PERMIT FEE \$ **100.00**

FOIP Notice: Your name, home phone number and home address are collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. This information will be used in the administration of Town of Coaldale programs. If you have any questions about this collection, contact the FOIP Coordinator, 403-345-1326.