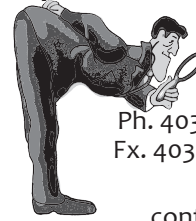


# Electrical Permit Application

**Park Enterprises Ltd. - Permits & Inspections**



#10-491 W.T. Hill Blvd S  
Lethbridge, AB Canada  
T1J 1Y6

Ph. 403.329.3747 / 1-800.621.5440  
Fx. 403.329.8514 / 1-866.406.8484  
www.parkinspections.com  
contact@parkinspections.com

Agency File Number:

Date Application Received:

Estimated Inspection Date: \_\_\_\_\_

## Owner Information

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## Contractor Information

Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Master Certification#: \_\_\_\_\_ Master Name (Please Print): \_\_\_\_\_

## Project Information

Commercial  Industrial  Residential  Multi-Family  Institutional  Farm Building  Other

Type of Work New  RTM  Renovation  Basement Dvlp  Garage  Shop (personal)  Shop (commercial)

Other: \_\_\_\_\_ New Work Including Service  Connection Only  Temporary Service

Service Amps: \_\_\_\_\_ Voltage: \_\_\_\_\_ Phase: \_\_\_\_\_ Underground  Overhead

## Description of Work:

Square Footage: Main Floor: \_\_\_\_\_ Second Floor: \_\_\_\_\_ Basement: \_\_\_\_\_ Garage: \_\_\_\_\_

Project Value: \$ \_\_\_\_\_ Developed: Yes  No  Attached  Detached

## Project Location

Municipality: \_\_\_\_\_ Street or Rural Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Legal: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ W of: \_\_\_\_\_

Tax Roll #: \_\_\_\_\_ Directions: \_\_\_\_\_

**Permit Declaration:** The permit applicant certifies that this project will be completed in accordance with the Alberta Safety Codes Act & Regulations. Permit may expire if work is not commenced within 90 days from date of issuance or if work is suspended or abandoned for a period of 120 days. Any extra inspections exceeding what is required by the conditions of the permit will incur a fee of \$100 per inspection. If the Permit is cancelled or withdrawn prior to closure, then a fee for any services provided by Park Enterprises Ltd. will be retained or collected.

### APPLICANT IS:

Contractor  Homeowner

\_\_\_\_\_  
Permit Applicant Signature

Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling

## Permit Validation: (Office Use Only)

Issuing Officer:

Designation #:

Issue Date:

Issuing Officer's Signature:

## Fees (Office Use Only)

Permit:

Travel:

Admin:

SCC:

\*SCC Levy is 4% of the Permit fee with a min of \$4.50 & max of \$560

Total:

## Payment

Visa  M/C  Debit

Cash  Chq  # \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_