



ELECTRICAL PERMIT APPLICATION FORM

Application Date (mmm/dd/yyyy): _____ **Other Permits Required:** Building Gas Plumbing Private Sewage Not Applicable
(under separate application)

Development Permit No. (only if applicable): _____

Estimated Start Date (mmm/dd/yyyy): _____ **Estimated Project Completion Date** (mmm/dd/yyyy): _____

Permit Applicant: Owner Contractor **Value of Work** (labour and materials): \$ _____

Owner Name (please print): _____

Mailing Address: _____ **City/Town/Village:** _____ **Province:** _____ **Postal Code:** _____

Email: _____ **Phone:** _____ **Fax:** _____

Contracting Company Name (please print): _____ **Contact Name** (please print): _____

Mailing Address: _____ **City/Town/Village:** _____ **Province:** _____ **Postal Code:** _____

Email: _____ **Phone:** _____ **Fax:** _____

Project Location (Municipality): _____ **Subdivision/Hamlet Name:** _____ **Tax Roll No.:** _____

Street/Rural Address: _____ **Unit:** _____ **Postal Code:** _____

Lot: _____ **Block:** _____ **Plan:** _____ **LSD:** _____ **Quarter:** _____ **Section:** _____ **Township:** _____ **Range:** _____ **West of:** _____

Directions: _____

Description of Work (please provide a *complete* and *detailed* description of what is intended to be completed): _____

Work has not started Work is in progress Work is complete

TYPE OF OCCUPANCY	TYPE OF WORK	SERVICE AND DEVELOPED AREA
<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Pump Jacks <input type="checkbox"/> Skid Units <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Connection Only <input type="checkbox"/> Service <input type="checkbox"/> Temporary Service <input type="checkbox"/> Annual Permit <input type="checkbox"/> Alternate Energy Supply <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> feet ² <input type="checkbox"/> meters ² Amps: _____ Ground Floor: _____ Volts: _____ 2nd Floor: _____ Phase: _____ Developed Basement: _____ Garage/Shop: _____ Other: _____ Total Developed Area: _____

FOIP Notification: Personal information collected on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It is used for processing permit applications, issuing permits, safety codes compliance monitoring, verification and program evaluation. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Questions about this collection may be directed to ASCA Coordinators at 1-888-413-0099 or at Suite 500, 10405 Jasper Avenue, Edmonton, AB T5J 3N4.

Master Electrician's Name (please print) _____ Certification No. _____ Master Electrician's Signature _____

X
Homeowner's Signature (homeowner permit only) Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.

OFFICE USE ONLY		
Permit Fee: \$ _____	Travel Fee: \$ _____	SCO/Permit Issuers Name (please print): _____
SCC Levy: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00)		SCO/Permit Issuers Signature: _____
Total Cost: \$ _____		Designation No.: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Receipt No.: _____		Permit Issue Date: _____ (mmm/dd/yyyy)
<input type="checkbox"/> Credit Card (attach signed credit card authorization form) <input type="checkbox"/> Invoiced		