

Electrical Permit Application

Permit Label

Other Permits Required: **Building** **Plumbing** **Gas** **PSDS** Supply Service Required: Yes No

Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

Estimated Completion Date (M/D/Y): _____

Owner Name: _____ **Mailing Address:** _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____

Alt Phone: _____ Email Address: _____ Fax: _____

Contractor: _____ **Mailing Address:** _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____

Alt Phone: _____ Email Address: _____ Fax: _____

Municipality: _____ **Street Address:** _____

Unit #: _____ Lot: _____ Block: _____ Plan: _____ Subdivision or Hamlet _____

Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Tax Roll #: _____

Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas

Type of Work: New Renovation Addition Accessory Building Basement Dev. Connection Only Temp Service Other

Service: Amperes: _____ Voltage: _____ Phase: _____ Underground Overhead

Detailed Description of Work:

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

Master's Name (Please print) _____ Master's Signature _____ Homeowner's Signature (Homeowner permits only) _____

Master's Certification Number _____

Project Value (Materials & Labour): \$ _____ **Total Developed Area:** _____ Sq. Ft

Permit Fee: \$ _____ ***SCC Levy: \$** _____ **TOTAL FEE: \$** _____

*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

Payment Method: Visa M/C Debit Cheque Cash Authorization / Cheque Number _____

Credit Card #: _____ Expiry Date: _____ Date of Authorization: _____

Name of Cardholder: _____ Signature of Cardholder: _____

Permit Validation Section to be completed by the Permit Issuer:

Special Conditions: _____

Permit Issuer's Name (print or type) _____ Permit Issuer's Signature _____

Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____