

309 Powder Drive
Fort McMurray, AB T9K 0M3
Phone 780-799-8695 Fax 780-743-7874



REGIONAL MUNICIPALITY
OF WOOD BUFFALO

Permit Label

Annual Electrical Permit Application

Application Date (M/D/Y): _____

Permit is valid for the year ending: _____

Facility / Owner Information:

Name: _____ Address: _____

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

Alt Phone: _____ Email Address: _____ Contact Person: _____

Electrician Information:

Name: _____ Address: _____

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

Alt Phone: _____ Email Address: _____ Contact Person: _____

Project/Plant Information: Commercial Industrial Institutional

Project/Plant Use: _____

KVA Rating of establishment: _____ Projected Annual Electrical Installation costs: \$ _____

REGIONAL MUNICIPALITY OF WOOD BUFFALO Street Address: _____ Hamlet: _____

Unit #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____

Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Subdivision: _____

Directions: _____

Permit Applicant Declaration: The permit applicant certifies that the installation(s) will be completed in accordance with the Alberta Safety Codes Act and Regulations. The permit applicant acknowledges this permit will expire in one (1) year. 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. This permit is only valid for the project/plant location as indicated above. Any installations above \$10,000 each will require a separate permit.

Electrician's Name (Please print)

Electrician's Signature

Electrician's Certification Number

Owner's/Manager's Signature

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: _____

Issuing Officer's Name (print or type)

Issuing Officer's Signature

Issuing Officer's Designation Number:

Date of Issue (M/D/Y):

INSPECTION REQUESTS please contact Superior Safety Codes at: Ph. 780-715-7726 or 1-877-715-7726 Fax 780-715-7731 or 1-877-815-7731

Allow 48 hours notice for inspection

Please Note: There will be no refunds on application fees