



Electrical Permit Application

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: _____

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: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas
Type of Work: New Renovation Addition Accessory Building Basement Dev. Connection Only Temp Service
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 acknowledges this permit may expire in one (1) year unless extended in writing by a Safety Codes Officer. 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 _____ Phone Number for Master Electrician _____

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): _____