

ELECTRICAL PERMIT APPLICATION FORM

A Division of the Safety Codes Council

Place cursor over each field for instructions on how to fill out this form. See the Alberta Permit Regulation for more information.

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

The below technical information is required.

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: _____	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Overhead <input type="checkbox"/> Underground </div> <div style="text-align: right; margin-top: 5px;"> <input type="checkbox"/> feet² <input type="checkbox"/> meters² </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> Amps: _____ Volts: _____ Phase: _____ </div> <div style="width: 30%;"> Ground Floor: _____ 2nd Floor: _____ Developed Basement: _____ Garage/Shop: _____ Other: _____ </div> <div style="width: 30%; text-align: right;"> Total Developed Area: _____ </div> </div>

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.: _____

Cash Cheque Debit **Receipt No.:** _____ **Permit Issue Date:** _____
 Credit Card (attach signed credit card authorization form) Invoiced (mmm/dd/yyyy)

City and Address: _____ Postal Code: _____ Phone: _____ Toll Free Phone: _____ Fax: _____ Toll Free Fax: _____