



Electrical Permit Application

Permit Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor Application Date (mm/dd/yyyy): _____ Development Permit No. (if applicable): _____ Building Permit No. (if applicable): _____		Estimated Start Date (mm/dd/yyyy): _____ Estimated Completion Date (mm/dd/yyyy): _____ Value of Work (labour & materials): _____
Owner Name (printed): _____ Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____ *Email: _____ Owners Phone #: _____ Fax #: _____		
Contracting Company Name (printed): _____ Contact Name (printed): _____ Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____ *Email: _____ Owners Phone #: _____ Fax #: _____		
Project Location Municipality: _____ Subdivision/ Hamlet Name: _____ Tax Roll No.: _____ Street/ Rural Address: _____ Unit: _____ * Legal land description is required Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____ Directions: _____		
Description of Work (please provide a complete and detailed description of the work to be completed including all applicable drawings/ documents): 		
<input type="checkbox"/> Work has not started <input type="checkbox"/> Work is in progress <input type="checkbox"/> Work is complete WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING		
TYPE OF OCCUPANCY <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential # of units: _____ <input type="checkbox"/> Agricultural (Farm) <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other (specify): 	TYPE OF WORK <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/Alteration (interior) <input type="checkbox"/> Installation of Service (panel/meter/ service upgrade) <input type="checkbox"/> Service Connection (energizing the site/ mobile home/ building/ equipment) <input type="checkbox"/> Improvements (A/C/ hot tub/ basement development/ etc.) <input type="checkbox"/> Temporary Service <input type="checkbox"/> Annual Permit <input type="checkbox"/> Alternative Energy <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____	SERVICE AND INSTALLATION AREA <input type="checkbox"/> Overhead <input type="checkbox"/> Underground Amps: _____ Volts: _____ Phase: _____ <input type="checkbox"/> Feet ² <input type="checkbox"/> Meters ² Ground Floor: _____ 2 nd Floor (loft/ mezzanine): _____ Basement Development: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Garage/ Shop: <input type="checkbox"/> Attached <input type="checkbox"/> Detached _____ Other (specify): _____ Total Installation Area: _____
<small>The personal information you provide to Alberta Safety Codes Authority (ASCA) and the Safety Codes Council is authorized under section 4(c) of the Protection of Privacy (POPA) Act. This information is used to support the administration and delivery of services within ASCA's scope under the Safety Codes Act. This includes, but is not limited to, certification, accreditation, training programs, and program evaluation and planning purposes (including processing permit applications, issuing permits, monitoring and verifying compliance, and conducting investigations and audits). Information may be shared with municipalities, contracted accredited agencies, or other regulatory or governmental bodies as authorized by legislation. ASCA may disclose information in response to permit search requests associated with land transactions or due diligence processes. Additionally, contact information may be used for the Council's annual survey. Please direct questions concerning the collection of this information to the Privacy Information Coordinator at the Safety Codes Council, Suite 500, 10405 Jasper Ave. NW, Edmonton, Alberta, T5J 3N4, Email: privacy@safetycodes.ab.ca</small>		
Master Electrician Name (please print)		Certification No.
Master Electrician Signature		
Homeowner's Signature (homeowner permit only) Homeowner Declaration: I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.		
OFFICE USE ONLY		
Other Permits Required <input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Gas <input type="checkbox"/> Private Sewage <input type="checkbox"/> Not Applicable Permit Fee: \$ _____ SCC Levy: \$ _____ <small>(\$.450 or 4% of the permit fee maximum \$560.00)</small> Travel Fee: \$ _____ Total Cost: \$ _____ Receipt No.: _____ <input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)		<small>[Received Date Stamp]</small>
		eSITE Permit No.: _____ Agency File No.: _____

Visit [Where to get a Permit](#) to find out where to submit your application.

* Email address fields and legal land description are required to be completed. See permit guidelines for details.