

Electrical Permit Application

eSITE Permit Number: 305305 - _____

Permit Type: Owner Contractor

Building Permit Number: _____

Application Date (M/D/Y): _____

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

Owner: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Fax: _____ Email Address: _____

Contractor: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Fax: _____ Email Address: _____

Street or Rural Address: _____ Subdivision or Hamlet Name: _____
 Unit #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
 Directions: _____

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

Type of Building:	Type of Work:	Area Being Developed:	Detailed Description of Work:
<input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional	<input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Basement <input type="checkbox"/> Dev. Temp Service <input type="checkbox"/> Accessory Building <input type="checkbox"/> Connection Only Other _____	Main Floor: _____ sq. ft. 2 nd Floor: _____ sq. ft. Developed Basement: _____ sq. ft. Garage: _____ sq. ft. <input type="checkbox"/> Detached <input type="checkbox"/> Attached Total Developed: _____ sq. ft.	_____ _____ _____ _____ _____ _____

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 of Privacy Act.

Master's Name (Please print) _____ Master's Signature _____ Homeowner's Signature (Homeowner permits only) _____
 Master's Certification Number _____ *Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.*

Project Value (Materials & Labour): \$ _____ **PERMIT FEES ARE NON REFUNDABLE**
 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 RECEIPT NUMBER: _____

The personal information provided will be used to process the Electrical Permit application and is collected under the authority of the Safety Codes Act and Section 33 (c) of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions about the collection and use of this information, please contact the Sturgeon County FOIP Coordinator at 9613 – 100 Street, Morinville, Alberta, T8R 1L9 (780) 939.4321.

Permit Validation Section to be completed by the Permit Issuer:
 Special Conditions: _____
 SCO's Name (print or type) _____ SCO's Signature _____
 SCO's Designation Number _____ Date of Issue (M/D/Y): _____

M/C or Visa Number _____ Expiry Date: _____
 Name (as it appears on card): _____ Authorized Signature: _____