



ELECTRICAL PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor Application Date: _____
 Other Permits Required (under separate application): Building Plumbing Gas PSDS Estimated Project Completion Date: _____
 Development Permit No.: _____ New Home Warranty No.(if applicable): _____

Owner Name: _____ **Mailing Address:** _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Electrical Contractor Name: _____ **Mailing Address:** _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Hamlet/ Subdivision Name: _____ Tax Roll No.: _____
 Street/Rural Address: _____ Unit: _____ Lot: _____ Block: _____ Plan: _____
 Legal Subdivision: Part of: _____ ¼ Section: _____ Township: _____ Range: _____ West of: _____ M
 Directions: _____

Description of Work: _____
 Electrical work has not started Electrical work in progress Electrical Work complete

TYPE OF PROJECT	TYPE OF WORK	NEW SERVICE	PROJECT INFORMATION
<input type="checkbox"/> Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Connection Only <input type="checkbox"/> Renovation <input type="checkbox"/> Accessory Building <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Basement Development <input type="checkbox"/> Service <input type="checkbox"/> Temporary Service	<input type="checkbox"/> RTM <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Skid Units <input type="checkbox"/> Other: _____ <input type="checkbox"/> Overhead <input type="checkbox"/> Underground Amps: _____ Voltage: _____ Phase: _____	<input type="checkbox"/> sq ft <input type="checkbox"/> sq m Main Floor Area: _____ 2nd Floor Area: _____ Developed Basement: _____ Garage: _____ Other: _____ Total Developed Area: _____ Electrical Work Value: \$ _____ <small>(include material & labour)</small>

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, Red Deer County 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. **F.O.I.P. Notification:** Personal information is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. Questions regarding the collection of personal information can be directed to the F.O.I.P. Coordinator 403.350.2150.

Master Electrician's Name (print) _____ Master Electrician's Signature _____ Homeowner's Signature (homeowner permit only) **Homeowner Declaration: By signing this I hereby certify that I own/will own and occupy this dwelling.**
 Master Electrician's Certification No.: _____ Certification Valid until: _____

Permit Fee: \$ _____ Building Permit No.: _____ File No.: _____ Receipt No.: _____ Region: _____
 *SCC Levy: \$ _____ Cash Debit Credit Card Cheque No.: _____
 Total Fee: \$ _____ Credit Card No.: _____ Exp. Date: _____
*SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00 Name on Credit Card: _____ Signature on Card: _____

FOR OFFICE USE ONLY

Permit Validation Section to be completed by the Permit Issuer.
 Special Conditions: **Site inspection(s) are required to ensure compliance with the Safety Codes Act of Alberta.**
 Permit Issuer's Name: _____ Permit Issuer's Signature: _____
 Designation No.: _____ Permit Issue Date: _____