

# ELECTRICAL PERMIT APPLICATION FORM

Permit #: \_\_\_\_\_

Application Date (M/D/Y): \_\_\_\_\_

Estimated Project Completion Date (M/D/Y): \_\_\_\_\_

Permit Type: \*  Owner  Contractor

Cost of Installation (Labor & Material)\* \$ \_\_\_\_\_

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. Failure to do so, this permit will expire in 90 days without an extension request. Work is not to commence prior to the issuance of an approved permit.

**Owner Name:**\* \_\_\_\_\_ **Address:**\* \_\_\_\_\_

**City:**\* \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:**\* \_\_\_\_\_ **Fax:** \_\_\_\_\_

\_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Owner's Signature / Declaration (Single Family Residential Only)\***  
"I hereby declare I am the owner of the premises in which the work will be conducted, and reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

**Contractor Name:**\* \_\_\_\_\_ **Address:**\* \_\_\_\_\_

**City:**\* \_\_\_\_\_ **Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:**\* \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_ **Master Electrician Number\*** \_\_\_\_\_ **Master Electrician's Name\*** \_\_\_\_\_ **Master Electrician's Signature\*** \_\_\_\_\_

**Project Location:**

**Street Address:**\* \_\_\_\_\_

**Legal Subdivision: Part of:** \_\_\_\_\_ **Section:** \_\_\_\_\_ **Township:** \_\_\_\_\_ **Range:** \_\_\_\_\_ **West of:** \_\_\_\_\_

**Subdivision Name:** \_\_\_\_\_ **Lot:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Plan:** \_\_\_\_\_

**Project Information:**

**Building Type:**\*  Commercial  Residential  Multi Family  Industrial  Institutional **Square Feet:**\* \_\_\_\_\_

**Type of Work:**\*  New Work  Renovations  Connection  Temporary Service  Other \_\_\_\_\_

**Does this Installation Require a Service Connection:**\*  Yes  No **Supply Service:**\*  Overhead  Underground

**Service Information:**\* **Amps:** \_\_\_\_\_ **Volts:** \_\_\_\_\_ **Phase:** \_\_\_\_\_

**Description of Work:**\* \_\_\_\_\_

**(FOR RESIDENTIAL REMOTE WATER METER READERS, WIRING SHALL BE A MINIMUM OF 3/18)**

<p><b>Permit Fee:</b> \$ _____</p> <p><b>Fine:</b> \$ _____</p> <p><b>+ SCC Levy**</b> \$ _____</p> <p><b>Total Cost:</b> \$ _____ <b>Receipt #:</b> _____</p> <p>**\$4.50 or 4% of the permit fee maximum \$560.00</p>	<p><b>Issuing Officer's Name:</b> _____</p> <p><b>Issuing Officer's Signature:</b> _____</p> <p><b>Designation Number:</b> _____</p> <p><b>Permit Issue Date:</b> _____</p>
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PLEASE CONTACT MORINVILLE (780-939-4361 OR 780-939-7855) FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

**ROUGH-IN & FINAL INSPECTIONS ARE REQUIRED. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO CALL FOR THE APPROPRIATE INSPECTIONS.**

The personal information provided as part of this application is collected under Section 43 of the Safety Codes Act and Sections 295 and 303 of the Municipal Government Act and in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP). The FOIP Act regulates the collection and disclosure of personal information. The privacy of personal information requested in this form is protected by the FOIP Act and is collected for the sole use of the Town of Morinville.

**\*-REQUIRED FIELDS. APPLICATIONS WILL NOT BE ACCEPTED FOR PROCESSING WITHOUT REQUIRED INFORMATION.**