

UNDERGROUND ELECTRICAL PERMIT APPLICATION FORM

Application Date (M/D/Y): _____

Permit #: _____

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:* <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Multi Family <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional Square Feet: _____ Type of Work:* <input type="checkbox"/> New Work <input type="checkbox"/> Renovations <input type="checkbox"/> Connection <input type="checkbox"/> Temporary Service <input type="checkbox"/> Annual Permit <input type="checkbox"/> Other _____ Does this Installation Require a Service Connection:* <input type="checkbox"/> Yes <input type="checkbox"/> No Supply Service: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground Service Information:* Amps: _____ Volts: _____ Phase: _____ Description of Work:* _____ <p style="text-align: center;">(FOR RESIDENTIAL REMOTE WATER METER READERS, WIRING SHALL BE A MINIMUM OF 3/18)</p>		
Permit Fee: \$ _____ Fine: \$ _____ + SCC Levy** \$ _____ Total Cost: \$ _____ Receipt #: _____ **\$4.50 or 4% of the permit fee maximum \$560.00	Issuing Officer's Name: _____ Issuing Officer's Signature: _____ Designation Number: _____ Permit Issue Date: _____	

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.**