



10125 – 100 Avenue
 Morinville, AB T8R 1L6
 T 780.939.4361
 F 780.939.5633
 www.morinville.ca

Business Licence #: _____

UNDERGROUND ELECTRICAL PERMIT APPLICATION FORM

Permit #: _____

Application Date (M/D/Y)*: _____

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

Permit Type*: Owner Contractor

Estimated Inspection Date (M/D/Y)*: _____

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*: _____ Phone*: _____	
Address*: _____ Postal Code*: _____ <small>(STREET) (MUNICIPALITY) (PROV)</small>	
Email*: _____ Fax: _____ Cell: _____	
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*: _____ Phone*: _____	
Address*: _____ Postal Code*: _____ <small>(STREET) (MUNICIPALITY) (PROV)</small>	
Email*: _____ Fax: _____ Cell: _____	
Master Electrician Number* _____	Master Electrician's Name* _____
Master Electrician's Signature* _____	
Project Location: Street Address*: _____ 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 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*: _____	
Permit Fee ⁽⁰²²⁾ : \$ _____ As Built Fee ⁽⁰²²⁾ : \$ _____ + SCC Levy ^{** (53)} \$ _____ Total Cost: \$ _____ Receipt #: _____ <small>(**\$4.50 or 4% of the permit fee maximum \$560.00)</small>	Issuing Officer's Name: _____ Issuing Officer's Signature: _____ Designation Number: _____ Permit Issue Date: _____

PLEASE CONTACT MORINVILLE (780.939.4361) 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 MAY NOT BE ACCEPTED FOR PROCESSING WITHOUT REQUIRED INFORMATION.**