



MD of Wainwright No 61.

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Wainwright, AB T9W 1B3
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The Inspections Group Inc.

12010 111 Avenue
Edmonton, AB T5G 0E6
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ELECTRICAL PERMIT APPLICATION FORM

eSITE Permit Number: _____

Development Number: _____

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: Homeowner Contractor

Cost of Installation (Labour & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

Owner Name: _____ Mailing 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 or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Company Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

Master Electrician Number

Master Electrician Name

Master Electrician Signature

Project Location in MD of Wainwright No 61:

Street Address: _____ Tax Roll #: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

Directions: _____

BUILDING TYPE:

- Single / Multi Family Dwelling
- Commercial
- Residential
- Industrial
- Institutional

Square Feet: _____

TYPE OF WORK:

- New Work
- Renovation
- Connection
- Temporary Service
- Other
- Accessory Building
- Addition
- Renovation
- Basement. Development

SERVICE INFORMATION:

Does this installation Require a Service Connection
 Yes No

SUPPLY SERVICE: Overhead Underground

Service Information: Amps: _____

Volts: _____

Phase: _____

Description of Work: _____

I the permit applicant understand and acknowledge the selected inspection stages will take place. Any additional inspections requested may be charged at a rate of \$120 per inspection (plus Levy).

ROUGH IN AND Required FINAL Required Other: _____

*SFD applications with a value of work over \$2,500 must have 2 stages of inspection

*Additional selected inspections will be charged at \$120/ Inspection (plus Levy)

(Applicant Signature) _____

Payment Type: Cash Cheque Credit Card Interac

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

Total Cost: \$ _____

Receipt #: _____

OFFICE USE ONLY

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: DD / MMM / YYYY

*\$4.50 or 4% of the permit fee maximum \$560.00

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.