

## Electrical Permit Application Form

Permit Number: \_\_\_\_\_

PLEASE PRINT

### Applicant Section:

\*Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Work: \_\_\_\_\_ Work Fax: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Work: \_\_\_\_\_ Work Fax: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Work: \_\_\_\_\_ Work Fax: \_\_\_\_\_

### Project Location:

Municipal (Street) Address: \_\_\_\_\_ Bldg Permit #:

\_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_

**Project Information:**

**Does this installation require a service connection?** YES NO

**Project Type:**

Renovations New Work Connection Alteration  
Services Services Plus Connection Other \_\_\_\_\_ (Please Specify)

**Intended Use:**

- Commercial
- Farm Building
- Industrial
- Institutional
- Manufactured Housing
- Mobile Home
- Multi-Family Residential
- Oilfield Pump-Jacks
- Relocatable Industrial Accommodations
- Single Family
- Skid Unit
- Temporary Service

**SERVICE: Amps:** \_\_\_\_\_ **Voltage:** \_\_\_\_\_ **Phase:** \_\_\_\_\_

**Type:** Underground Overhead

**Building Area:** \_\_\_\_\_ **Sq. Feet**

**Value of Work ( Materials & Labour):** \_\_\_\_\_

**Construction Detail:**

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***The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days and expires after one year without an extension request.***

**Contractor Permit:**

Journeyman's Name: \_\_\_\_\_ ourneyman's Class & #: \_\_\_\_\_

\_\_\_\_\_  
Journeyman's Signature

\_\_\_\_\_  
Date

**Owner Permit:**

\_\_\_\_\_  
Owner's signature/declaration (homeowner permits only) \_\_\_\_\_ Date

“ 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”

*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 Village of Thorsby, Box 297, Thorsby, AB T0C 2P0 or call (780) 789-3935.*

**For Office Use Only**

Issuing Officer: \_\_\_\_\_

Designation #: \_\_\_\_\_

Signature: \_\_\_\_\_ Issue Date: \_\_\_\_\_

**Permit Conditions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permit Fee**            \$ \_\_\_\_\_

**\*Safety Codes Fee** \$ \_\_\_\_\_

**TOTAL**    \$ \_\_\_\_\_

**Paid by:**

CASH    DEBIT    CHEQUE # \_\_\_\_\_

PLEASE INVOICE    Receipt # \_\_\_\_\_

\*Add Safety Codes Fee of \$4.00 minimum or 3.5% of permit cost, whichever is greater up to a maximum of \$500.00.

**Please contact Inspections Group at 454-5048 or fax 454-5222 for all inspection requests on your projects.**