



14613-134 Avenue Edmonton, AB T5L 4S9 Ph. 780.489.4777 or 1.866.999.4777 Fax 780.489.4711 or 1.866.900.4711

# **Electrical Permit Services Report**

Issue Date:

Aug 19, 2021

Permit Number:

505505-21-E0077

Agency File Number:

MMZ E 0077 21 MU

Muni File Number: (780)805-6101

To:

Daniel Giesbrecht P.O. Box 2779

Primary Phone: Cell Phone:

077-E-SC-21

La Crete, ALBERTA

Fax:

T0h2H0

Address in MACKENZIE COUNTY Hwy 697 to Twp Rd 1050 to Rge Rd 142 to Twp Rd 1044 MACKENZIE COUNTY L:1 B:1 P:212-0334 Q:NW S:26 T:104 R:14 M:W5

## **Description of Work:**

Description of Work: install electrical for manufactured home service; Project Type: Connection; Person Performing Work: Contractor; Intended Use: Mobile Home; Value (Materials and Labour): \$2,500.00

Contractor:

Silverpoint Contracting

Superior Safety Codes Inc. has provided compliance monitoring services as required by the Safety Codes Act and Codes, regulations and policies pursuant to the Act. It is the opinion of Superior Safety Codes Inc. that:

Work complies with the intent of the Safety Codes Act and applicable regulations.

Yours Truly,

# Jennifer Halkett

Digitally signed by: Jennifer Halkett

Signature of Municipality Representative

Superior Safety Codes Inc. 14613 - 134 Avenue

Edmonton, Alberta

T5L 4S9

Note:

Ph: (780)489-4777 (780)489-4711 Fax: Toll Free: (866)999-4777

Issued in:

MACKENZIE COUNTY Ph: (780)928-3983 Fax: (780)928-3636

This report remains on file as record of compliance or non-compliance with the provisions of the Safety Codes Act, regulations, codes, and standards. Pursuant to the Safety Codes Act, the "Owner" is responsible for meeting the

requirements of the Act.

TUN SL	JPERIOR			SITE	<b>INSPECTION REPOR</b>	
SAFE PERMITER &	ety Codes Inc. INSPERIONS IN	spection S	tage: Founda	tion Framing	Progress Stacks Groundwo	
Owner: Gie	esbrecht, Daniel		Service	Rough in	Final Other	
Box 2779			Permit	# <u>505505 21 E0077</u>	Discipline: Electrical	
LA CRETI	E, AB, T0H 2H0		File:	MMZE007721MU		
Ph: (780) 805	-6101 Fax: ()-		Munic	pality: MACKENZ		
	brechtdan@outlook.com		Addre	ss:		
			Lot: _1		1 Plan: 212 033	
Contractor	Silverpoint Contracting				6 Twp: 104 Rg: 14	
PO Box 56	<u> </u>		W of:_			
BUFFALO	HEAD PRAIRIE, AB, TOH 4A	0				
Ph: (780) 841	1-9282 <b>Fax:</b> ()-			ption of work: ectrical for manufactu	red home service.	
Email: silver	pointcontracting@gmail.com					
This Site In	spection Report strictly referen	ces Provincial (	Codes and is not to	be used for the New Ho	ome Buyers Protection Act.	
Outstanding defici	encies from previous inspection a	ınd plan reviews	have been corrected:	Yes No	Not Applicable	
VOC Required	d Unsafe Conditions	Unable to Er	nter Permit E	xpired Permit is (	Dancelled Deficiencies	
Observations	No Deficiencies Observe	ed at Time of Inspe	ection No More	Site Inspections Required	(Permit Services Report to Follow)	
Work not Start	ted					
OBSERVATIONS	S					
No further ins	pections required.					
	ires one inspection					
All undergrour	nd work is complete and visible	portions are acc	ceptable			
Service is cor	mplete and visible portions are a	acceptable				
All bonding an	nd grounding is complete and ac	ceptable				
				Albarta Cafata Cadaa Aa	th Comparing Cofety Codes Inc. is not	
liable for any dama	age caused by any decision relate	ed to the system	of inspections, exami		t; Superior Safety Codes Inc. is not ns including but not limited to a	
decision relating to Safety Codes Sigr	o their frequency and the manner	in which they are	e carried out.	50101		
·	Kick dalita			D9121 SCO Designation Number		
Safety Codes Offic	cer Name: <u>Laliberte, Rick</u> 08/18/21			100 - 00.0	,	
Inspection Date:						
Verification of Co	ompliance (VOC): Once the abov	/e noted items h	nave been corrected	, please sign and retur	n to Superior Safety Codes Inc.	
I verify that the	above noted deficiencies have b	een corrected to	meet the intent of the	Safety Codes Act.		
Name & Title (please print)  Date Completed			Safety Co	odes Officer	Date of Acceptance	
Signature			SCO Des	signation Number		
eans of Verificat	ion:					
☐ Verbal Assuran		Site Visit				
Calgary	25, 2015 - 32 Avenue N.E	T2E 6Z3	Ph: 403.717.2344	Fax: 403.717.2340	Toll Free Phone; 1.888.717.2344	
Edmonton Lethbridge	14613 - 134 Avenue 422 North Mayor Magrath Dr	T5L 4S9 T1H 6H7	Ph: 780.489.4777 Ph: 403.320.0734	Fax: 780.489.4711 Fax: 403.320.9969	Toll Free Phone: 1.866.999.4777 Toll Free Phone: 1.877.320.0734	
Lloydminster	Unit 2, 1724 2914 - 50 Avenue	T9V 0Y1	Ph: 780.870.9020	Fax: 780.870.9036		
Red Deer	3, 6264 - 67A Street	T4P 3E8	Ph: 403.358.5545	Fax: 403.358.5085	Toll Free Phone: 1.888.358.5545	



# Inspection Request

Date Of Inspection Request	08/03/21						
Name Of Inspector	Laliberte, Rick						
Called or Emailed Date/Time							
File Num	MMZE007721MU						
Permit Num	505505 21 E0077						
Issue Date	06/15/21						
Request Taken By Halkett, Jennifer							
Contact Information (to gain access)	Contractor						
Owner	Contractor						
Giesbrecht, Daniel	Silverpoint Contracting						
Ph. (780) 805-6101 Fax ( ) -	Ph. (780) 841-9282 Fax ( ) -						
Cell() - Pager	Cell ( ) - Pager						
Contact Name Giesbrecht, Daniel	·						
Phone (780) 805-6101	Cell ( ) -						
MACKENZIE COUNTY							
WACKENZIE COON 1	Lot Block Plan						
	1 1 212 0334						
Part Of 1/4 Sec Twp Rg	West Of Subdivision						
NW 26 104 14	5						
Directions							
Directions							
Discipline							
Description of Work							
Install electrical for manufactured home service.							
Inspection Stage	<del> </del>						
Service Rough-In Stacks Groundwork							
Foundation Framing Final							
Comments							
"Very work account of the country of							
	Tel: 403-717-2344 Fax: 403-717-2340 Toll Free Phone: 1-888-717-2344 Toll Free Fax: 1-888-717-2340 Tel: 780-489-4777 Fax: 780-489-4711 Toll Free Phone: 1-866-999-4777 Toll Free Fax: 1-866-900-4711						
	Tel: 780-870-9020 Fax: 780-870-9036 Box 11084						
Red Deer 3, 6264 - 67 A Street T4P 3E8 Lethbridge 422 North Mayor McGrath Drive T1H 6H7	Tel: 403-358-5545 Fax: 403-358-5085 Toll Free Phone: 1-888-358-5545 Toll Free Fax: 1-866-358-5085 Tel: 403-320-0734 Fax: 403-320-9969 Toll Free Phone: 1-866-320-0734						







Label #MMZ E 0077 21 MU

PO Box 1690 La Crete, AB TOH 2HO Ph. 780.928.3983 or 1.877.927.067 Fax 780.928.3636 www.mackenziecounty.com

**Electrical** 

Permit No . Muni File No.: Agency File No.:

505505-21-E0077 077-E-SC-21 MMZ E 0077 21 MU Jun 15, 2021

Issue Date: Tax Roll #:

Owner **Applicant** Contractor Silverpoint Contracting Daniel Giesbrecht Silverpoint Contracting Name: Name: Name: Address: P.O.Box 56 Address: P.O.Box 56 Address: P.O. Box 2779 Buffalo Head Prairie, ALBERTA Buffalo Head Prairie, ALBERTA La Crete, ALBERTA **TOH 4A0 TOH 4A0** T0h2H0 Phone: (780)841-9282 Phone: (780)841-9282 Phone: (780)805-6101 Cell: Cell: Cell: Fax: Fax: Fax: Email: silverpointcontracting@gmail. Email: silverpointcontracting@gmail.c Email: giesbrechtdan@outlook.com com

Address in MACKENZIE COUNTY

Hwy 697 to Twp Rd 1050 to Rge Rd 142 to Twp Rd 1044 MACKENZIE COUNTY L:1 B:1 P:212-0334 Q:NW S:26 T:104 R:14 M:W5

## Description of Work

Person Performing Work: Contractor; Project Type: Connection; Intended Use: Mobile Home

100 Amps: Voltage: 120/240 Phase: 1

Type: Underground Sq. ft.: Square Feet

Value (Materials and Labour): \$2,500.00

Description of Work: install electrical for manufactured home service

Permit Fee: \$86.25 SCC Levy: \$4.50 Total Fee: \$90.75

Tracey Weller

Digitally signed by: Tracey Weller Permit Issuer:

Tracey Weller Designation #: P00008308

Issued By:

MACKENZIE COUNTY Box 640

Fort Vermilion, Alberta

TOH 1NO Ph: (780)928-3983

Fax: (780)928-3636

Toll Free:

Municipality:

MACKENZIE COUNTY

Box 640

Fort Vermilion, Alberta

TOH 1NO

Ph: (780)928-3983 Fax: (780)928-3636

The personal information provided as part of this application is collected under section 43 of the Safety Codes Act and sections 303 and 295 of the Municipal Government Act and in accordance with section 32(c) of 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 Mackenzie County at (780)928-3983.

Date Printed: Jun 15, 2021

Page 1 of 1



# ENTERED JUN 18 2021

# **077-E-SC-21** Mackenzie County 505505-21-E0077



	ELECT	RICAL PERM	IT APPLICA	TION FORM		
Permit Applicant: Owner Application Date; 05/20/2021 Other Permits Required (under sera	nt	Development Permit No.: 079-DP-Z1  New Home Warranty No.:				
Owner Name: DANIEL GIES						
City LA CRETE	DIRECTI		ailing Address: B	Postal Code, TOH 2h	HO Phone 780805-6	101
Cell	Email:	····	fovince. AD	Postal Code: 10H 21		10:
		27110		27/52	Fax	
Electrical Contractor Name: SI City: BUFFALO HEAD P		OF THE OWNER OF THE OWNER, WHEN	lailing Address: E		10	
7000110000				Postal Code TOH 44 @GMAIL.COM		
Cell: 7808419282	Email; SILV	ERPOINTOU	VIRACIING	@GMAIL.COM	Fax	
Hamlet/ Subdivision Name:				Tax Roll No.:		
Street/Rural Address:			Unit:	Lot: 1 Block. 1	Plan 212 0334	
Legal Subdivision: Part of: N				West of: 5 M		
Directions. Hwy 697	to Two Rd 1050	to Rg R	<u> 4149 -</u>	to Two Rd	17099	
Description of Work: INSTAL			CE			
TYPE OF PROJECT		OF WORK		SERVICE	PROJECT INFO	
Residential Multi-family	New Addition	☐ RTM	Mobile Home	Overhead  Underground	Main Floor Area:	sqft sqm
Commercial	Connection Only	<ul> <li>Manufactured/Mobile Home</li> <li>Skid Units</li> <li>Other:</li> </ul>		Amps: 100	2 <sup>nd</sup> Floor Area:	TOTAL CONTRACTOR OF THE CONTRA
☐ Industrial	☐ Renovation			Voltage: 12/240	Developed Basement:	
Institutional	Accessory Building			Phase: 1	Garage:	
Oil and Gas	Secondary Suite				Other:	
Other:	Basement Development Service				Total Developed Area:	
	☐ Temporary Service				Electrical Work Value (ndude malenal & labor	
Officer, <u>Homeowners Declaration</u> : I here oppic able Act & Regulations. Mackenzie i femuency and the money in which they are		ses in which the work will it by a depision resided in eas Act Section 12(2). F.O. acy (FOIP) Act. This info wrafeole to the public upo coar Signature.	be consulted an erest of the system of inspection of the system of inspection. The impairs is required and a request. If you have	e on the property and owner to me, examination, eval-valuors an sersonal information on this fam will be used for examp permit any questions regarding the color Homeowner's	te work mysed and assume the respond d investigations including but not limite t is collected in accordance with the S. s. safety rades compliance variouslics	space for completance with in- to a decision relating to in- stelly Codes Act. the Municip- and monitoring, and properlition please owited the F-0.11 Homsowner Declaration:
			Office Use Only	90.75		
Permit Fee: \$86.25	SCC Levy: \$ 7	AND THE PERSON NAMED IN COLUMN TO PROPERTY.	Total Cost: 5	10.13		8-51-71
SCC levy 4% of the permit fee with min	mum of \$4.50 and a max mum of \$560.0	00		Buil	ding Permit No: 670	
☐ Cash ☐ Debit	Invoice	☐ Chequ		rd reformation will be desti		WOLL :
	payments, please fill out the Cred		off I Office (Crount Co	TO OCCUPANT WILL DO GOOD	you oned payment new ocen p	
	be completed by the Permit Issu		ith the Safety Co	odes Act of Alberta.		
Special Conditions: Site ins	pection(s) are required to ens	ure compnance w	in the outer) of	1	1 00	
	- ITA-tr	-/	Permit Issuer's	Signature:	tallo	
Permit Issuer's Name:	way well	2			115/202	7
Designation No.:	Y00008352	5	Permit	Issue Date:OC	01121500	1

Inspection Requests: contact Superior Safety Codes 866-999-4777, allow 48 hours' notice for inspection

Mackenzie County Box 640, 4511-46 Avenue Fort Vermillon, AB TOH 1N0 Phone: (780) 927-3718 Fax: (780) 927-4266 Email: office@mackenziecounty.com www.mackenziecounty.com

# 077-E-SC-21 Mackenzie County 505505-21-E0077



	ELEC	TRICAL PERMIT APPLICA	TION FORM		
Permit Applicant:    Owner			Development Permit No.: 079-DP-Z1  New Home Warranty No.:  Estimated Completion Date; 08/12/2021		
Owner Name: DANIEL GIES	SBRECHT	Mailing Address: 1	3OX 2779		
City: LA CRETE		Province: AB		HO Phone: 780805-6101	
Cell:	Email:	11011000	, ustar occo.	Fax:	
Electrical Contractor Name: SI		ACTING	OOV EG		
City: BUFFALO HEAD P		ACTING Mailing Address:  Province: AB		Λ0 Βι	
Cell: 7808419282		VERPOINTCONTRACTING		A0 Phone:	
Hamlet/ Subdivision Name:			Tax Roll No.:		
Street/Rural Address:	**************************************	Unit:	Lot: 1 Block: 1	Plan: 212 0334	
Legal Subdivision: Part of: N	1/4 Section: Ola	The state of the s	West of: S M		
	to Two Rd 1050		to Two Ro	1	
Description of Work: INSTALI					
TYPE OF PROJECT	TYP	E OF WORK	SERVICE	PROJECT INFORMATION	
Officer, <u>Homeowners Declaration</u> : I hereb applicable Act & Regulations. Mackenzie C frequency and the manner in which they are	y deplace that I am the owner of the pret county is not hable for any damage caus a carried out as per the Alberta Safety Co	eria Salety Codes Act and Regulations. Work will or risse as which the work will be conducted and res- ed by a decision reliated to the system of inspect odes Act Section 12(2). F.O.LP Notification: The SECTION Let This Compilion is	de on the property. I am doing to only, examination, evaluations an personal information on this for it will be used for escuing hemili	Main Floor Area:  2nd Floor Area:  2nd Floor Area:  Developed Basement:  Garage:  Other:  Total Developed Area:  Electrical Work Value; \$ 2500  (include missenal & labour)  will expire in one (1) year unless extended in writing by a Safety Codes the work myself and assume the responsibility for compliance vidit the disressipations including but not limited to a decision relating to the mis collected in accordance with the Safety Codes Act the Managal its safety rodes compliance verification and monitoring, and property	
assessment purposes. The name of the per Coordinator at 780-927-3718 ALLAN DERKSEN Master Electrician Name (print) Maser Electrician Certification No.:	mat holder and the nature of the permit a Master Bec	er available to the public upon request. If you have extricted Signature  Walls until MAR 30 2021	Homeowner's	lection, use or disclosure of this information please contact the F.O.P.  Signature (homeowner permit only) Homeowner Declaration; its I hereby certify that I own/will own and occupy this	
Permit Fee: SSC SC SCC (evy 4% of the permit fee with mini	SCC Levy: \$	For Office Use Only  Total Cost: \$  Cheque No.:		Iding Permit No: 670-B-SC-21  Receipt No.: Invoice .  Irroyed once payment has been processed)	
Permit Validation Section to					
Special Conditions: Site Inco	pection(s) are required to en	sure compliance with the Safety C	odes Act of Alberta.		
Permit Issuer's Name:	cacy Well	Permit Issuer		100e	

Inspection Requests: contact Superior Safety Codes 866-999-4777, allow 48 hours' notice for inspection

Mackenzie County Box 640, 4511-46 Avenue Fort Vermilion, AB TOH 1NO

-complete

Phone: (780) 927-3718 Fax: (780) 927-4266 Email: office@mackenziecounty.com www.mackenziecounty.com



# PO Box 1690 La Crete, AB TOH 2H0 Ph. 780.928.3983 or 1.877.927.0677 Fax 780.928.3636 www.mackenziecounty.com

**Electrical** 

Permit No.: Muni File No.: Agency File No.:

505505-21-E0077 077-E-SC-21 MMZ E 0077 21 MU

Issue Date:

Jun 15, 2021

Tax Roll #:

_Applicant		Contractor		Owner	
Name:	Silverpoint Contracting	Name:	Silverpoint Contracting	Name:	Daniel Giesbrecht
Address:	P.O.Box 56	Address:	P.O.Box 56	Address:	P.O. Box 2779
	Buffalo Head Prairie, ALBERTA		Buffalo Head Prairie, ALBERTA		La Crete, ALBERTA
	TOH 4A0		TOH 4AO		T0h2H0
Phone:	(780)841-9282	Phone:	(780)841-9282	Phone:	(780)805-6101
Cell:		Cell:		Cell:	
Fax:		Fax:		Fax:	
Email:	silverpointcontracting@gmail. com	Email:	silverpointcontracting@gmail.c om	Email:	giesbrechtdan@outlook.com

## Address in MACKENZIE COUNTY

Hwy 697 to Twp Rd 1050 to Rge Rd 142 to Twp Rd 1044 MACKENZIE COUNTY L:1 B:1 P:212-0334 Q:NW S:26 T:104 R:14 M:W5

### Description of Work

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100 Amps: Voltage: 120/240 1

Phase:

Type: Underground Sq. ft.: Square Feet

Value (Materials and Labour): \$2,500.00

Description of Work: install electrical for manufactured home service

Permit Fee: \$86.25 SCC Levy: \$4.50 \$90.75 Total Fee:

# Tracey Weller

Digitally signed by: Tracey Weller

Permit Issuer: Tracey Weller

Designation #: P00008308

Issued By: MACKENZIE COUNTY

Box 640

Fort Vermilion, Alberta

**TOH 1NO** 

Fort Vermilion, Alberta **TOH 1NO** 

Municipality: MACKENZIE COUNTY

Box 640

Ph: (780)928-3983 Ph: (780)928-3983 Fax: (780)928-3636 Fax: (780)928-3636

Toll Free:

The personal information provided as part of this application is collected under section 43 of the Safety Codes Act and sections 303 and 295 of the Municipal Government Act and in accordance with section 32(c) of 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.

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