

Agency label



Permit label

## ELECTRICAL PERMIT APPLICATION FORM

Permit Applicant:  Owner  Contractor  Resident Development Permit No.: \_\_\_\_\_  
 Application Date: \_\_\_\_\_ New Home Warranty No.: \_\_\_\_\_  
 Other Permits Required (under separate application):  Building  Plumbing  Gas  PSDS Estimated Completion Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Electrical Contractor Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Hamlet/ Subdivision Name: \_\_\_\_\_ Tax Roll No.: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_ Unit: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ 1/4 Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_ M  
 Directions: \_\_\_\_\_

Description of Work: \_\_\_\_\_

TYPE OF PROJECT	TYPE OF WORK		SERVICE	PROJECT INFORMATION
<input type="checkbox"/> Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Connection Only <input type="checkbox"/> Renovation <input type="checkbox"/> Accessory Building <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Basement Development <input type="checkbox"/> Service <input type="checkbox"/> Temporary Service	<input type="checkbox"/> RTM <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Skid Units <input type="checkbox"/> Other: _____	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground Amps: _____ Voltage: _____ Phase: _____	<input type="checkbox"/> sq ft <input type="checkbox"/> sq m Main Floor Area: _____ 2 <sup>nd</sup> Floor Area: _____ Developed Basement: _____ Garage: _____ Other: _____ <b>Total Developed Area:</b> _____ Electrical Work Value: \$ _____ (include material & labour)

**Applicant Declaration:** This installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. Work will commence within 90 days. Permit will expire in one (1) year unless extended in writing by a Safety Codes Officer. **Homeowners Declaration:** I hereby declare that 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 the responsibility for compliance with the applicable Act & Regulations. Mackenzie County is not liable for any damage caused by a decision related to the system of inspections, examination, evaluations and investigations including but not limited to a decision relating to the frequency and the manner in which they are carried out as per the Alberta Safety Codes Act Section 12(2). **F.O.I.P Notification:** The personal information on this form is collected in accordance with the Safety Codes Act, the Municipal Government Act and section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act. This 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 are available to the public upon request. If you have any questions regarding the collection, use or disclosure of this information please contact the F.O.I.P Coordinator at 780-927-3718

Master Electrician Name (print) \_\_\_\_\_ Master Electrician Signature \_\_\_\_\_ Homeowner's Signature (homeowner permit only) Homeowner Declaration:  
 Maser Electrician Certification No.: \_\_\_\_\_ Certification Valid until: \_\_\_\_\_ By signing this I hereby certify that I own/will own and occupy this dwelling.

### For Office Use Only

Permit Fee: \$ \_\_\_\_\_ SCC Levy: \$ \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_  
 SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00 Building Permit No.: \_\_\_\_\_  
 Cash  Debit  Invoice  Cheque No.: \_\_\_\_\_ Receipt No.: \_\_\_\_\_  
 For credit card payments, please fill out the Credit Card Authorization Form (credit card information will be destroyed once payment has been processed)

**Permit Validation Section to be completed by the Permit Issuer:**

Special Conditions: **Site inspection(s) are required to ensure compliance with the Safety Codes Act of Alberta.**  
 Permit Issuer's Name: \_\_\_\_\_ Permit Issuer's Signature: \_\_\_\_\_  
 Designation No.: \_\_\_\_\_ Permit Issue Date: \_\_\_\_\_

**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 T0H 1N0

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