

Wheatland County

242006 Range Road 243 WHEATLAND COUNTY, AB T1P 2C4 Phone: (403) 361-2010

Fax: (403) 934-4889 www.wheatlandcounty.ca safetycodes@wheatlandcounty.ca



ELECTRICAL PERMIT APPLICATION FORM Application Date: <u>DD / MMM / YYYY</u> Permit Number: Tax Roll: Development Permit Number: 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: 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" Mailing Address: Company Name: Prov: _____ Postal Code: _____ Phone: _____ Fax: _____ Email: _____ Master Electrician Number Master Electrician Name Master Electrician Signature **Project Location in the Wheatland County:** Street Address: Legal Subdivision: Part of: ______ Section: _____ Township: _____ Range: _____ West of: _____ Subdivision Name:______ Lot: ______ Block: _____ Plan: _____ Directions: ____ **BUILDING TYPE:** TYPE OF WORK: **SERVICE INFORMATION:** ☐ Single / Multi Family Dwelling ☐ New Work Does this installation Require a Service Connection ☐ Addition ☐ Commercial ☐ Yes ☐ No ☐ Renovation / Alteration **SUPPLY SERVICE**: Overhead Underground □ Residential Installation of service (panel/meter/service upgrade) Service Information: Amps: _____ ☐ Industrial ☐ Service Connection Volts: ____ ☐ Improvements (A/C, hot tub, bsmt dev, etc. Institutional ☐ Temporary Service Phase: _ ☐ Alternative Energy – solar/wind Square Feet:____ ☐ Other ☐ Annual Permit Description of Work: ____ (FOR RESIDENTIAL REMOTE WATER METER READERS, WIRING SHALL BE A MINIMUM OF 3/18) The Inspections Group Inc. Permit Fee: \$ 2825 18 Avenue N LETHBRIDGE, AB T1H 6T5 + SCC Levy*: \$ Phone: 587-787-4143 Toll Free: 1-888-852-3558 Fax: 587-787-4142 Toll Free: 1-888-852-3557 Total Cost: \$ Receipt #:___ south@inspectionsgroup.com *\$4.50 or 4% of the permit fee maximum \$560.00