



Wheatland County
 242006 Range Road 243
 Wheatland County, Alberta, T1P 2C4
 PH: (403) 934-3321
 safetycodes@wheatlandcounty.ca
 www.wheatlandcounty.ca



The Inspections Group Inc
 2825 18 Avenue N
 Lethbridge, Alberta, T1H 6T5
 PH: (587) 787-4134 TF: (888) 787-4143
 Fax: (587) 787-4142
 www.inspectionsgroup.com

Please submit all permit applications to safetycodes@wheatlandcounty.ca for review and processing.

ELECTRICAL PERMIT APPLICATION FORM

Development Permit Number: _____ Estimated Project Completion Date: _____
 Building Permit Number (if applicable): _____ Project Value (labour and material): \$ _____
 Applicant Type: Owner Contractor Work: has not started is in progress is complete

OWNER / APPLICANT: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

CONTRACTOR: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

PROJECT LOCATION:
 Municipality: _____ Subdivision / Hamlet Name: _____
 Street Address: _____
 Legal Land Description: LSD: _____ Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Lot: _____ Block: _____ Plan: _____ Tax Roll Number: _____
 Directions: _____

BUILDING TYPE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Agricultural <input type="checkbox"/> Other (specify) _____	TYPE OF WORK: <input type="checkbox"/> New Work <input type="checkbox"/> Addition <input type="checkbox"/> Renovation, Alteration <input type="checkbox"/> Connection <input type="checkbox"/> Temporary Service <input type="checkbox"/> Service <input type="checkbox"/> Alternate Energy <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Annual Permit <input type="checkbox"/> Other (specify) _____	INSTALLATION AREA: <input type="checkbox"/> m ² <input type="checkbox"/> ft ² Main Floor _____ Second Floor _____ Third Floor _____ Basement _____ Garage _____ Other (specify) _____ Total Area _____	SERVICE INFORMATION: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground Amps _____ Volts _____ Phase _____
--	---	---	---

DESCRIPTION OF WORK: _____

Master Electrician Name (print) _____ Master Electrician Certificate Number _____ Master Electrician's Signature _____
 Homeowner's Signature (homeowner permit only) _____
I hereby declare that I am the owner of the premises where the work will be conducted and/or currently reside or intend to reside on the property. I assume responsibility for ensuring compliance with the applicable Act and Regulations.

OFFICE USE ONLY

PAYMENT TYPE: <input type="checkbox"/> Cheque <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Interac <input type="checkbox"/> e-Transfer <input type="checkbox"/> Invoice Permit Fee: \$ _____ + SCC Levy*: \$ _____ = Total Cost: \$ _____ Receipt #: _____	APPLICATION DETAILS: Application Date: _____ Permit Number: _____
---	--

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

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.