



Box 449  
 Provost, AB T0B 3S0  
 Ph. 780.753.2261  
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# Electrical Permit Application

Permit Number

Permit Type:  Owner  Contractor

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

Application Date (M/D/Y): \_\_\_\_\_

Estimated Completion Date (M/D/Y): \_\_\_\_\_

Owner: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_  
 Unit or Suite #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ W of: \_\_\_\_\_  
 Directions: \_\_\_\_\_

Type of Service: Amperes: \_\_\_\_\_ Voltage: \_\_\_\_\_ Phase: \_\_\_\_\_  Underground  Overhead

Type of Building:	Type of Work:	Area Being Developed:	Detailed Description of Work:
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas	<input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Basement Dev. <input type="checkbox"/> Temp Service <input type="checkbox"/> Accessory Building <input type="checkbox"/> Connection Only <input type="checkbox"/> Other _____	Main Floor: _____ sq. ft. 2 <sup>nd</sup> Floor: _____ sq. ft. Developed Basement: _____ sq. ft. Garage: _____ sq. ft. <input type="checkbox"/> Detached <input type="checkbox"/> Attached Total Developed: _____ sq. ft.	_____ _____ _____ _____ _____ _____

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information of Privacy Act.

Master's Name (Please print) \_\_\_\_\_ Master's Signature \_\_\_\_\_ Homeowner's Signature (Homeowner permits only) \_\_\_\_\_  
 Master's Certification Number \_\_\_\_\_  
*Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.*

Project Value (Materials & Labour): \$ \_\_\_\_\_  
 Permit Fee: \$ \_\_\_\_\_ \*SCC Levy: \$ \_\_\_\_\_ TOTAL FEE: \$ \_\_\_\_\_ \*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560  
 Payment Method:  Visa  M/C  Debit  Cheque  Cash  
 Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Cheque Number \_\_\_\_\_  
 Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

**Permit Validation Section to be completed by the Permit Issuer:**  
 Special Conditions: \_\_\_\_\_  
 Permit Issuer's Name (print or type) \_\_\_\_\_ Permit Issuer's Signature \_\_\_\_\_  
 Permit Issuer's Designation Number: \_\_\_\_\_ Date of Issue (M/D/Y): \_\_\_\_\_

**INSPECTION REQUESTS please contact Superior Safety Codes at:**  
 Ph. 403.358.5545 or 1.888.358.5545  
 Allow 48 hours notice for inspection