Other Permits Required: Building Plumbing Gas PSDS Supply Service Required: Yes No Permit Type: Owner Contractor Development Permit Number:	Hanna, AB T Phone: 877- Fax: 403-	5 Palliser Trail 0J 1P0 854-3371 ext 208 854-4684 ts@palliserservices.ca	Electrical Permit Application	Permit Label	
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: Contractor: Mailing Address: Contractor: Phone: Cell Number: Fax: Email Address: Phone: Cell Number: Fax: Tax Roll #: Phone: Cell Number: Viste #: Number: Tax Roll #: Phone: Unit or Suite #: Lot: Block: Tup: Tax Roll #: Phone: Ph					
Owner:					
City:					
Cell Number: Fax: Email Address: Contractor: Mailing Address: City: Prove: Postal Code: Phone: Cell Number: Fax: Email Address: Project Location: Name of Municipality: Street or Rural Address: Subdivision or Hamlet Name; Unit or Suife f: Lot: Block: Plan: Directions: Project Location: Name of Municipality: Reg: W of: Directions: Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas Type of Work: New Renovation Addetion Accessory Building Basement Dev. Connection Only Service: sq. ft. Z ⁰¹ Floor:			-		
Contractor:					
City:					
Cell Number: Fax: Email Address: Project Location: Name of Municipality:					
Project Location: Name of Municipality: Street or Rural Address:					
Street or Rural Address:	Cell Number:	Fax:	Email Address:		
Unit or Suite #: Lot: Block: Plan: Tax Roll #: Legal Subdivision: Part of: ½ Sect: Twp: Rge: W of: Directions:	Project Location: Name of Mun	icipality:			
Legal Subdivision: Part of: ½ Sect: Twp: Rge: W of: Directions:					
Directions:	Unit or Suite #: Lot:	Block:	_ Plan: Ta	ax Roll #:	
Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas Type of Work: New Renovation Addition Accessory Building Basement Dev. Connection Only Temp Service Other Service: Amperes: Voltage: Phase: Underground Overhead Detailed Description of Work: 2" Floor:				W of:	
Type of Work: New Renovation Addition Accessory Building Basement Dev. Connection Only Temp Service Other Service: Amperes: Underground Overhead Detailed Description of Work: 2 nd Floor: sq. ft. 2 nd Floor: 2 nd Floor: sq. ft. Detailed Description of Work: 2 nd Floor: sq. ft. 2 nd Floor: Attached Garage: sq. ft. Detailed Description of Work: 2 nd Floor: sq. ft. Detailed Description of Work: 2 nd Floor: sq. ft. Detailed Description of Work: 2 nd Floor: sq. ft. Detailed Description of Work: 2 nd Floor: sq. ft. Detailed Description of Work: 2 nd Floor: sq. ft. Attached Garage: sq. ft. Attached Garage: sq. ft. And work will commence within 90 days. The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations 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 and Protection of Privacy Act. Master's Name (Please print)	Directions:				
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 and Protection of Privacy Act. Master's Name (Please print) Master's Signature Homeowner's Signature (Homeowner permits only) Master's Certification Number Master or Homeowner Signature Required Homeowner Declaration: By signing this permit 1 hereby certify that 1 own or will own and occupy this dwelling. Project Value (Materials & Labour): \$ Total Developed Area: Sq. Ft Permit Fee: \$ *SCC Levy: \$ TotAL FEE: \$ *SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$550 Payment Method: Visa M/C Debit Cheque Cash Credit Card #:		Voltage:	Phase: Ur	Main Floor: sq. ft. 2 nd Floor: sq. ft. Dev. Basement: sq. ft.	
Master's Certification Number Master or Homeowner Signature Required Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling. Project Value (Materials & Labour): \$ Total Developed Area:Sq. Ft 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 Marcer Cerdit Card #: Expiry Date: Name of Cardholder: Signature of Cardholder: Permit Validation Section to be completed by the Permit Issuer: Special Conditions:	and work will commence within 90 days not liable for any decision related to the	. The permit applicant/owner a system of inspections, examin	cknowledges that as per Section 12(2) or ations, evaluations and investigations in	of the Alberta Safety Codes Act; Superior Safety Codes Inc. is cluding but not limited to a decision relating to their frequency	
Master's Certification Number	Master's Name (Please print)	Maste	r's Signature	Homeowner's Signature (Homeowner permits only)	
Project Value (Materials & Labour): \$Sq. Ft 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: Uisa M/C Debit Cheque Cash Credit Card #: Expiry Date: Cheque Number Name of Cardholder: Signature of Cardholder:	Master's Certification Number				
Payment Method: Visa M/C Debit Cheque Cash Credit Card #:	Project Value (Materials & Labour			Total Developed Area:Sq. Ft	
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 Fee: \$	*SCC Levy: \$	TOTAL FEE: \$	*SCC Levy is 4% of the permit fee with a	
Credit Card #: Expiry Date:Cheque Number Name of Cardholder: Signature of Cardholder: Permit Validation Section to be completed by the Permit Issuer: Signature of Cardholder: Special Conditions:				minimum of \$4.50 and a maximum of \$560	
Permit Validation Section to be completed by the Permit Issuer: Special Conditions:	,	•		Cheque Number	
Permit Validation Section to be completed by the Permit Issuer: Special Conditions:					
Special Conditions:					
	Special Conditions:				
remit issuer's Signature	Permit Issuer's Name (print or type	e)	Permit Issuer's Signature		
Permit Issuer's Designation Number: Date of Issue (M/D/Y):	Permit Issuer's Designation Number:		Date of Issue (M/D/Y):		

CALL FOR INSPECTIONS

NOT SURE WHEN TO CALL FOR INSPECTION www.palliserservices.ca