

## ANNUAL Electrical Permit Application

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

File Number: \_\_\_\_\_

### Facility Information

Facility Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

### Electrician Information

Contractor: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

### Project/Plant Location

Municipality: \_\_\_\_\_ Street Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Subdivision or Hamlet: \_\_\_\_\_

Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rg: \_\_\_\_\_ W of: \_\_\_\_\_

Directions: \_\_\_\_\_

**Project/Plant Information** ☐ Commercial ☐ Industrial ☐ Institutional

Project/Plant Use: \_\_\_\_\_

KVA Rating of establishment: \_\_\_\_\_ Projected Annual Electrical Installation costs: \$ \_\_\_\_\_

**Permit Applicant Declaration** The permit applicant certifies that the installation(s) will be completed in accordance with the Alberta Safety Codes Act and Regulations. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; the contracted inspection agency 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. This permit is only valid for the project/plant location as indicated above. Any installations above \$10,000 each will require a separate permit.

\_\_\_\_\_  
Electrician's Name (Please print)

\_\_\_\_\_  
Electrician's Signature

\_\_\_\_\_  
Electrician's Certification Number

\_\_\_\_\_  
Owner's/Manager's Signature

**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 Authorization / Cheque Number \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

The personal information collected through this safety code permit application form is required and will be used for issuing permits. This collection is authorized by section 4 (a) of the Protection of Privacy Act and by section 295 (2) of the Municipal Government Act. The name of the permit holder and the nature of the permit are available to the public upon request. For questions about the collection of personal information, contact Palliser Regional Municipal Services Box 1900 Hanna, AB T0J 1P0; by telephone at 403-854-3371; or by email at [permits@palliserservices.ca](mailto:permits@palliserservices.ca)

**CALL FOR INSPECTIONS**

**MID-TERM INSPECTION & FINAL INSPECTION, WITHIN ONE  
(1) YEAR OF PERMIT ISSUANCE**