

Box 1900, 115 Palliser Trail Hanna, AB T0J 1P0 Phone: 877-854-3371 ext 208

Fax: 403-854-4684

E-mail: permits@palliserservices.ca

Electrical Permit Application

Permit Label

Other Permits Required: B Permit Type: Owner Application Date (M/D/Y):	Contractor	De	evelopment Perr	Supply Service Required: mit Number: etion Date (M/D/Y):	
Owner:		Mail	ing Address:		
				Phone:	
Contractor:			Mailing Address:		
City:	F	Prov.: Pos	stal Code:	Phone:	
Cell Number:	Fax:		_ Email Address:		
Project Location: Name of Mun					
Street or Rural Address:	Subdivision o				
Unit or Suite #: Lot:	Block:	Plan:	Tax	Roll #:	
Legal Subdivision: Part of:	1/4 Sect:	Twp:	Rge:	W of:	
Directions:					
and work will commence within 90 days	s. The permit applicant/own ated to the system of inspec	er acknowledges that	as per Section 12(2)	Main Floor: 2 nd Floor: Dev. Basement: Attached Garage: rdance with the Alberta Safety Codes Act ar of the Alberta Safety Codes Act; the contra ations including but not limited to a decision	sq. ft. sq. ft. sq. ft. sq. ft.
				_	
Master's Name (Please print)		ster's Signature		Homeowner's Signature (Homeown	
Master's Certification Number		ster or Homeowner Sig		Homeowner Declaration: By signing this p certify that I own or will own and occupy t	
Project Value (Materials & Labour	·): \$			Total Developed Area:	Sq. Ft
Permit Fee: \$	*SCC Levy: \$	TOTAL FEE:	\$	*SCC Levy is 4% of the permit fee w minimum of \$4.50 and a maximum of	
Payment Method: Uisa	M/C Debit Che-	que 🗌 Cash		·	•
Credit Card #:		Expiry D)ate:	Cheque Number	
Name of Cardholder:		Signatu	re of Cardholder:		
authorized by section 4 (a) of the and the nature of the permit are a	Protection of Privacy Activaliable to the public upon	and by section 295 on request. For ques	(2) of the Municipal tions about the colle	d will be used for issuing permits. This I Government Act. The name of the per ection of personal information, contact email at permits@palliserservices.ca	rmit holder