

ELECTRICAL PERMIT APPLICATION

Application Date: _____ Application # _____

Est. Completion Date: _____ Development Permit # _____

Cost of Installation: _____ Applicant Type: Owner Contractor
(Labour + Material)

PLEASE CONTACT SUPERIOR SAFETY CODES INC. FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days of permit issuance.

Owner's Name: _____

Mailing Address: _____
Unit/ PO Box # Street Municipality Postal Code

Email Address: _____ Phone Number: _____

Owner's Signature / Declaration for Homeowner Permits: _____

"I hereby declare I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Contractor's Name: _____ Phone Number: _____

Address: _____
Unit/ PO Box # Street Municipality Postal Code

Email Address: _____ Installer's Number: _____

Installer's Name: _____ Installer's Signature: _____

Project Location: _____
Street Address

Legal Subdivision: Part of: _____ Section: _____ Township: _____

Range: _____ West of: _____ Subdivision Name: _____

Lot: _____ Block: _____ Plan: _____

Directions: _____

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.

Superior Safety Codes Inc.
T 780.489.4777 F 780.489.4711
100, 14535-118 Ave., Edmonton AB T5L 2M7
Superiorsafetycodes.com

TOWN OF CALMAR
T 780.985.3604 F 780.985.3039
PO Box 750 Calmar, AB T0C 0V0
Calmar.ca

Project Information:

BUILDING TYPE

- Commercial
- Residential
- Multi-Family
- Industrial
- Institutional

TYPE OF WORK

- New Work
- Renovations
- Connection
- Temporary Service
- Other _____

Service Information:

Amps: _____

Volts: _____

Phase: _____

Sq.ft. _____ Does this installation require a service connection? Yes No

Supply service: Overhead Underground

Description of work:

AUTHORIZATION

Issuer's Name: _____

Designation #: _____

Issuer's Signature: _____

Issued Date: _____

Permit Fee: _____

+ SCC Levy _____

\$4.50 or 4% of the permit fee (whichever is greater)
maximum \$560.00

Total: _____

Type of Payment

- Cash MC
- Cheque Debit
- Visa

Receipt #: _____