



PO Box 750 Calmar, AB T0C 0V0  
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## ELECTRICAL PERMIT APPLICATION

Permit Type: ☐ Owner ☐ Contractor

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

eSITE Permit #: \_\_\_\_\_

Development Permit #: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Homeowner/Owner Permits (Residential Only)**

*Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.*

Contractor Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Master Electrician Name: \_\_\_\_\_

Master Electrician Certification Number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and as authorized under Section 4, clause (a) and (c) of the Protection of Privacy Act. The information will be used for issuing permits, reporting to governmental agencies, statistical reporting, property assessment purposes, and safety codes compliance verification and monitoring. The name of the permit holder and the nature of the permit is available to the public upon request. Automated systems may be used to generate content or make decisions, recommendations, or predictions using the collected data. If you have any questions about the collection or use of the personal information provided, please contact the Sylvain Losier, CAO, at [slosier@calmar.ca](mailto:slosier@calmar.ca)

### PROJECT LOCATION: TOWN OF CALMAR

Street Address: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

Unit or Suite #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_

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

**Project Information:** ☐ Commercial ☐ Residential ☐ Multi Family ☐ Industrial ☐ Institutional ☐ Oil & Gas

**Type of Work:** ☐ New ☐ Renovation ☐ Addition ☐ Accessory Building ☐ Basement Development ☐ Service Connection Only

☐ Manufactured Home ☐ Temp Service ☐ Secondary Suite ☐ Alternative Energy ☐ Other \_\_\_\_\_

☐ sq. meters ☐ sq. feet

Main Floor Area: \_\_\_\_\_

2<sup>nd</sup> Floor Area: \_\_\_\_\_

Basement Area: \_\_\_\_\_

Developed ☐ Yes ☐ No

Garage Area: \_\_\_\_\_

☐ Detached ☐ Attached

Total Developed Area: \_\_\_\_\_

**Detailed Description of Work and/or intended use or occupancy of the building:**

### PERMIT FEES & PAYMENT INFORMATION

Project Value (Materials & Labour): \$ \_\_\_\_\_

Inspecting SCO: \_\_\_\_\_

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: \_\_\_\_\_

**INSPECTION REQUESTS:** please contact Superior Safety Codes by phone at 780.489.4777; email at [info@superiorsafetycodes.com](mailto:info@superiorsafetycodes.com); or online at <https://secure.superiorsafetycodes.com/requests>