

12010 - 111 Avenue NW

Edmonton, AB T5G 0E6
Phone: (780) 454-5048 Toll Free: (866) 554-5048
Fax: (780) 454-5222 Toll Free: (866) 454-5222

**IDENTIFIER** 

www.inspectionsgroup.com questions@inspectionsgroup.com

## **ELECTRICAL INSPECTION APPLICATION FORM**

Application Date:		Estimated Project Completion Date:  Cost of Installation (Labour & Material) \$
		ailing Address: Fax:
Owner's Signature / Declaration (Single	Family Residential Only)	Cell: Email:eside or will reside on the property. I am doing the work myself, and assume responsibility
Company Name:	Ma	ailing Address:
•		Phone:Fax:
Master Electrician Number	Master Electrician	n Name Master Electrician Signature
PROJECT LOCATION:  Municipality: Street Address:		
BUILDING TYPE:  Single / Multi Family Dwelling Commercial Residential Industrial Institutional Square Feet:	TYPE OF WORK:  New Work Renovation Connection Temporary Service Other	SERVICE INFORMATION:  Does this installation Require a Service Connection  Yes No  SUPPLY SERVICE: Overhead Underground  Service Information: Amps:  Volts:  Phase:
DESCRIPTION OF WORK:		
PAYMENT TYPE:  Cash Cheque C/C Agreeme		Issuing Officer's Name:  Issuing Officer's Signature:  Designation Number:
Total Cost: \$	Receipt #:	Issue Date: