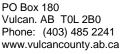
VULCAN COUNTY



SUBMIT TO: THE INSPECTIONS GROUP INC. questions@inspectionsgroup.com

The Inspections Group Inc.

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 www.inspectionsgroup.com

	ELEC	CTRICAL PERMI			r:	
Application Date:DD / MMM /	Estimated Project Completion Date: MMM / YYYY					
Applicant Type: Homeowner C C The Permit Holder hereby certifies that this installation wi ays of issue of the permit, (b) is suspended or abandoned to	ill be completed in	n accordance with the Alberta 0 days. An extension can be c	Safety Codes Act A perm	nit may expire if the undertak	& Material) \$ king to which it applies: (a) is not commenced within 90 iry date.	
Owner Name:			Mailing Address:			
City:	Prov:	Postal Code:	Ph	ione:	Fax:	
			Cell:	E	Email:	
Owner's Signature / Declaration (Single "I hereby declare I am the owner of the premises in whe applicable Act and Regulations"	Family Res hich the work will	be conducted, and reside or	will reside on the property	y. I am doing the work mysel	If, and assume responsibility for compliance with the	
Company Name:	Company Name: Mailing Address:					
City:	Prov:	Postal Code:	Ph	ione:	Fax:	
Cell:	Email:					
Master Electrician Number Master Electricia			in Name	Name Master Electrician Signature		
Project Location in Vulcan County:						
Street Address:						
Legal Subdivision: Part of:	Section:	Tow	vnship:	Range:	West of:	
Subdivision Name:		Lot:	Blo	ock: Pla	in:	
Directions:						
BUILDING TYPE:	۲۲	PE OF WORK:		SERVICE INFORM	ATION:	
Single / Multi Family Dwelling		 New Work Renovation Connection Temporary Service Other Annual Permit 			Does this installation Require a Service Connection ☐ Yes ☐ No	
Commercial				SUPPLY SERVICE: Overhead Underground		
Residential						
Industrial				Service Information	n: Amps: Volts:	
Institutional					Phase:	
Square Feet:	-					
Description of Work:	RESIDENTI	AL REMOTE WATER N	METER READERS			
	Interac D M				ORIZATION	
Permit Fee: \$			Issuing Office	ssuing Officer's Name:		
+ SCC Levy*: \$			Issuing Office	er's Signature:		
Total Cost: \$	R	Receipt #:	_ Designation N	ion Number:		

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING TWO TO FIVE WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS. IT'S THE RESPONSIBILITY OF THE CONTRACTOR TO CALL FOR APPROPRIATE INSPECTIONS.

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.



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