Town of Bon Accord
PO Box 779
BON ACCORD AB T0A 0K0
Phone: 780 921 3550
Fax: 780 921 3585
www.bonaccord.ca

ELECTRICAL PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY **Estimated Project Completion Date:** DD / MMM / YYYY

Applicant Type: ☐ **Homeowner** ☐ **Contractor** **Cost of Installation (Labour & Material) $**_____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

Owner Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

_____ Cell: _____ Email: _____

Owner's Signature / Declaration (Single Family Residential Only)
"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Company Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

Master Electrician Number	Master Electrician Name	Master Electrician Signature

Project Location in the Town of Bon Accord:

Street Address: _____ Tax Roll #: _____

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

Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

Directions: _____

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 ☐ Interac ☐ M/C ☐ Visa

Permit Fee: $ _____

+ SCC Levy*: $ _____

Total Cost: $ _____ Receipt #: _____

*$4.50 or 4% of the permit fee maximum $560.00

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

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.
PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.

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.