County of Minburn No. 27 PO Box 550, 4909-50 Street VEGREVILLE AB T9C 1R6 Phone: 780 632 2082 Fax: 780 632 6296 www.minburncounty.ab.ca

The Inspections Group Inc.

12010 – 111 Avenue NW EDMONTON AB T5G 0E6 Phone: 780 454 5048 Toll Free: 1 866 554 5048 780 454 5222 Toll Free: 1 866 454 5222 Fax: www.inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION FORM

		Tax Roll#:				
Application Date: DD / MMM / Y	YYY		Estir	mated F	Project Completion Date: <u>DD / MMM / YYYY</u>	
Applicant Type: Homeowner CC The Permit Holder hereby certifies that this installation will b of issue of the permit, (b) is suspended or abandoned for a	e completed	in accordance with the Alberta	Safety Codes Act. A	A permit m	stallation (Labour & Material) \$	
					······g ······························	
Owner Name:			Mailing Address	s:		
City:	_Prov:	Postal Code:		Phon	ne: Fax:	
			Cell:		Email:	
Owner's Signature / Declaration (Single Family "I hereby declare I am the owner of the premises for compliance with the applicable Act and Regula	in which th		and reside or will	reside o	on the property. I am doing the work myself, and assume responsibility	
Company Name:			Mailing Address			
City:	_Prov:	Postal Code:		Phon	ne:Fax:	
Cell:	_Email:					
Master Electrician Number		Master Electricia	n Name		Master Electrician Signature	
Project Location in the County of Minburn: Street Address:						
Legal Subdivision: Part of:	_ Section:	То	wnship:		Range: West of:	
Subdivision Name:		Lot	t:	Block	:: Plan:	
Directions:						
BUILDING TYPE:		TYPE OF WORK:			SERVICE INFORMATION:	
Single / Multi Family Dwelling	ſ	New Work		Does this installation Require a Service Connection		
Commercial	ſ	Renovation			Yes No SUPPLY SERVICE: Overhead Underground	
Residential	ĺ				Service Information: Amps:	
Industrial	ſ	Temporary Service			Volts:	
Institutional	[Other			Phase:	
Square Feet:	-					
Description of Work:						
inspection stages will take place at my request. Any additional inspections requested will be charged at a rate of \$150 per inspection (plus Levy).			Contractors may	Accept Other: Decline cants must select 2 stages of inspection with a value of work over \$500 actors may select only 1 inspection with a value of work under \$4,000		
(Applicant Signature)				ons will I	be charged at \$150/ Inspection (plus Levy)	
Payment Type: 🔲 Cash 🛛 Cheque	🗌 C/C Aç	greement 🗌 Interac	;		TIGI OFFICE USE ONLY	
Permit Fee: \$			Issuing	Officer's	Name:	
+ SCC Levy*: \$			Issuing	Officer's	Signature:	
Total Cost: \$		Receipt #:	Designa	Designation Number:		
			Permit I	ssue Dat	te:DD / MMM / YYYY	
*\$4.50 or 4% of the permit fee maximum \$560.00				SPECTIC		

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL 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.

