

Town of Bashaw

PO Box 510 5011 – 52 Avenue Bashaw, AB T0B 0H0 Phone: (780) 372-3911 Fax: (780) 372-2335 www.townofbashaw.com



ELECTRICAL PERMIT APPLICATION FORM

Application Date: <u>DD / MMM / YYY</u>		Estimated Pro	ject Completion Date:DD / MMM / YYYY
	cant 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 yes 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:			
			one: Fax:
	1 00tal 0000.		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:	Ma	iling Address:	
City:P	rov: Postal Code:	Pho	one:Fax:
Cell:E	mail:		
Master Electrician Number	Master Electrician Name		Master Electrician Signature
Project Location in the Town of Bashaw:			
Street Address:			
Legal Subdivision: Part of: Section: Township: Range: West of:			
Subdivision Name: Block: Plan:			
Directions:			
BUILDING TYPE:	TYPE OF WORK:		SERVICE INFORMATION:
	☐ New Work		Does this installation Require a Service Connection
Single / Multi Family Dwelling	Addition		
☐ Commercial	Renovation / Alteration		☐ Yes ☐ No
Residential	Installation of service (pa upgrade)	anel/meter/service	SUPPLY SERVICE: Overhead Underground
☐ Industrial	☐ Service Connection ☐ Improvements (A/C, hot tub,	bsmt dev, etc.	Service Information: Amps:
☐ Institutional	☐ Temporary Service		Volts:
Square Feet:	☐ Alternative Energy – solar/wi	nd	
oquale i oct.	Other A	nnual Permit	Phase:
Description of Work:(FOR RESIDENTIAL REMOTE WATER METER READERS, WIRING SHALL BE A MINIMUM OF 3/18)			
Payment Type:			
Permit Fee: \$	_	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	
+ SCC Levy*: \$	_		
Total Cost: \$	Receipt #:		
*\$4.50 or 4% of the permit fee maximum \$560.00			

PLEASE REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.