

**Summer Village of Castle Island**

Alberta Beach, AB TOE 0A)
 Phone: (780) 967-0271
 Fax: (780) 967-0431
 www.summervillageofcastleisland.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.inspectiongroup.com

ELECTRICAL PERMIT APPLICATION FORMApplication Date: DD / MMM / YYYYEstimated Project Completion Date: DD / MMM / YYYYApplicant 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. Section 25(1) of the Permit Regulation states: "A permit expires 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 Summer Village of Castle Island:

Street Address: _____

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: _____

Seasonal Property? Yes No**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 Agreement Interac

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

Total Cost: \$ _____

Receipt #: _____

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

TIGI OFFICE USE ONLY

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: DD / MMM / YYYY**REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC.****PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.**

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.