

Summer Village of South Baptiste

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The Inspections Group Inc.

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ELECTRICAL PERMIT APPLICATION FORM

Application Date: <u>DD / MMM / Y</u>	YYY Estimated Project Completion Date:DD / MMM / YYYY		
Applicant Type: Owner Contractor Cost of Installation (Labour & Material) \$			
The Permit Holder hereby certifies that this installation will be condays of issue of the permit, (b) is suspended or abandoned for a pe	npleted in accordance with the Alberta Salet eriod of 120 days. An extension can be consi	y Codes Act. A perii dered when applied fo	nt may expire if the undertaking to which it applies: (a) is not commenced within sor in writing prior to permit expiry date.
Owner Name: Mailing Address:			
City: Pro	ov: Postal Code:	Pho	one: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"			
Contractor Name: Mailing Address:			
City: Pro	ov: Postal Code:	Pho	one:Fax:
Cell: Em	nail:		
Master Electrician Number	Master Electrician Number Master Electrician Name Master Electrician Signature		
Project Location in The Summer Village of South Baptiste:			
Street Address:			
Legal Subdivision: Part of: Section: Township: Range: West of:			
Subdivision Name: Lot: Block: Plan:			
Directions:			
BUILDING TYPE:	TYPE OF WORK:		SERVICE INFORMATION:
☐ Single / Multi Family Dwelling	☐ New Work		Does this installation Require a Service Connection
☐ Commercial	Renovation		Yes No
☐ Residential	☐ Connection		SUPPLY SERVICE: Overhead Underground Service Information: Amps:
☐ Industrial	☐ Temporary Service		Volts:
☐ Institutional	☐ Other ☐ ANNU	JAL PERMIT	Phase:
Square Feet:			. Huss
Seasonal Property? Yes No			
Description of Work:			
Payment Type: ☐ Cash ☐ Cheque ☐ C/C Agreement ☐ Interac		TIGI OFFICE USE ONLY Issuing Officer's Name:	
Permit Fee: \$			
+ SCC Levy*: \$		Issuing Office	er's Signature:
Total Cost: \$	Receipt #:	Designation	Number:
*\$4.50 or 4% of the permit fee maximum \$560.00	·	Permit Issue Date:DD / MMM / YYYY	

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.