



**Town of Morinville**  
 2<sup>nd</sup> Floor, 10125-100 Avenue  
 Morinville, AB T8R 1L6  
 Phone: (780) 939 4361  
 Fax: (780) 939 5633  
 www.morinville.ca

**SUBMIT TO:**  
 THE INSPECTIONS GROUP INC.  
 questions@inspectionsgroup.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.inspectionsgroup.com

**ELECTRICAL PERMIT APPLICATION FORM**

Permit Number: \_\_\_\_\_

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 Morinville:**

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: \_\_\_\_\_

**TYPE OF WORK:**

- New Work
- Renovation
- Connection
- Temporary Service
- Other  Annual Permit

**SERVICE INFORMATION:**

Does this installation Require a Service Connection  
 Yes  No

**SUPPLY SERVICE:**  Overhead  Underground

Service Information: Amps: \_\_\_\_\_  
 Volts: \_\_\_\_\_  
 Phase: \_\_\_\_\_

Description of Work: \_\_\_\_\_  
**(FOR RESIDENTIAL REMOTE WATER METER READERS, WIRING SHALL BE A MINIMUM OF 3/18)**

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-

**AUTHORIZATION**

Issuing Officer's Name: \_\_\_\_\_

Issuing Officer's Signature: \_\_\_\_\_

Designation Number: \_\_\_\_\_

Permit Issue Date: DD / MMM / YYYY

**PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING TWO TO FIVE WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS. IT'S THE RESPONSIBILITY OF THE CONTRACTOR TO CALL FOR APPROPRIATE INSPECTIONS.**

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.