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VILLAGE OF CLYDE
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Village of Clyde PO Box 190 Clyde, AB TOG 0P0 Phone: (780) 348-5356 Fax: (780) 348-5699



www.villageofclyde.ca

## **ELECTRICAL PERMIT APPLICATION FORM**

Application Date: <u>DD / MMM</u> Estimated Project Completion Date: \_\_\_\_\_ / MMM Applicant Type: 
Homeowner 
Contractor Cost of Installation (Labour & Material Including Equipment) \$\_ 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: Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ \_\_\_\_ Phone: \_\_\_\_\_\_ Fax: \_\_\_\_\_ Citv: Email: Cell: 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: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ City: Email: Cell: Master Electrician Name Master Electrician Signature Master Electrician Number Project Location in the Village of Chipman: Street Address: Tax Roll #: Legal Subdivision: Part of: \_\_\_\_\_\_ Section: \_\_\_\_\_\_ Township: \_\_\_\_\_\_ Range: \_\_\_\_\_\_ West of: \_\_\_\_\_\_ Lot: Block: Plan: Subdivision Name: Directions: TYPE OF WORK: BUILDING TYPE: SERVICE INFORMATION: Single / Multi Family Dwelling New Work Does this installation Require a Service Connection □ Yes 🗌 No Commercial Renovation Residential **SUPPLY SERVICE**: Overhead Underground Connection Service Information: Amps: Industrial Temporary Service Volts: Institutional □ Other Phase: Square Feet: Annual Permit Description of Work: Payment Type: □ Cash □ Cheque □ Interac □ M/C □ Visa The Inspections Group Inc. 300W, 14310 - 111 Avenue NW Permit Fee: \$ Edmonton AB T5M 3Z7 Phone: (780) 454 5048 Toll Free: (866) 554 5048 Toll Free: (866) 454 5222 + SCC Levy\*: \$ (780) 454 5222 Fax: www.inspectionsgroup.com Total Cost: \$ Receipt #: questions@inspectionsgroup.com \*\$4.50 or 4% of the permit fee maximum \$560.00

## REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. 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.