

**COUNTY OF VERMILION RIVER**

Box 69
 Kitscoty, AB T0B 2P0
 Phone: (780) 846-2244
www.vermilion-river.com

THE INSPECTIONS GROUP

300W, 14310 - 111 Avenue NW
 Edmonton, AB T5M 3Z7
 (780) 454-5048 or Toll Free: (866) 554-5048
www.inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor

Application Date (mm/dd/yyyy): _____ Estimated Start Date (mm/dd/yyyy): _____

Development Permit No. (if applicable): _____ Estimated Completion Date (mm/dd/yyyy): _____

Building Permit No. (if applicable): _____ Value of Work (labor, materials & equipment): \$ _____

Owner Name (printed): _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

Email: _____ Phone #: _____

Contractor Name (printed): _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

Email: _____ Phone #: _____

Municipality: COUNTY OF VERMILION RIVER Street Address: _____

Lot: _____ Block: _____ Plan: _____ Subdivision/Hamlet Name: _____

Legal Subdivision: Part of _____ Sec: _____ Twp: _____ Range: _____ W4M Tax Roll #: _____

Directions: _____

Building Use: Farm Residential Commercial Industrial Institutional Oil & Gas Other (specify): _____

Type of Work: New Renovation Addition Accessory Building Manufactured Connection Temporary Service
 Basement Development

Service Information: Does this installation require a Service Connection Yes No

Supply Service: Amperes: _____ Voltage: _____ Phase: _____ Underground Overhead

Detailed Description of Work:

Main Floor: _____ ft² m
 2nd Floor: _____ ft² m
 Dev. Basement: _____ ft² m
 Attached Garage: _____ ft² m

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the *Alberta Safety Codes Act and Regulations* and work will commence within ninety (90) days. The permit applicant/owner acknowledges that as per Section 12(2) of the *Alberta Safety Codes Act*, a Safety Codes Agency is not liable for any decision related to the system of inspections, examinations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the *Freedom of Information and Protection of Privacy Act*.

Master's Name (printed): _____ Master's Signature: _____

Master's Certification Number: _____ Homeowner Signature (homeowner permits only): _____
 (SEE HOMEOWNER'S DECLARATION FORM)

Project Value (Materials, Labour & Equipment): \$ _____ Total Developed Area: _____ ft²

Permit Fee: \$ _____ Payment Method: Credit Card Debit Cheque Cash

*SCC Levy: \$ _____ Authorization / Cheque Number: _____

TOTAL FEE: \$ _____ Credit Card #: _____ Expiry Date: _____

Receipt #: _____ Date of Authorization: _____

Name of Cardholder: _____

*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560
 Signature of Cardholder: _____

Permit Validation Section to be completed by the Permit Issuer:

Special Conditions: _____

Permit Issuer's Name (print or type): _____ Permit Issuer's Signature: _____

Permit Issuer's Designation Number: _____ Date of Issue (mm/dd/yyyy): _____

PLEASE CONTACT YOUR SELECTED SAFETY CODES AGENCY FOR INSPECTIONS ALLOWING 48 HOURS NOTICE FOR INSPECTION

HOMEOWNER'S DECLARATION FORM

The owner of any thing, process or activity to which the *Safety Codes Act* (the "Act") applies shall ensure that it meets the requirements of the Act, that the thing is maintained as required by the regulations and that when the process or activity is undertaken it is done in a safe manner.

1991 c5-0.5 s5

"Homeowner" means a person as the owner of the fee simple estate of land, who resides, or with respect to a residence that is under construction, intends to reside in a freestanding single family dwelling, located on the land.

- (A) You must **OWN** and **LIVE IN** or **WILL LIVE IN** the single family residence in which you wish to do the work for the following permits: building, electrical, plumbing or gas;
- (B) You must have knowledge and be personally capable to perform the work/installation.

I am the registered Homeowner, whose name appears on the land title of the property indicated below and accept full responsibility for the work I propose to do that will be in compliance with the *Safety Codes Act and Regulations*. All information provided is true and correct.

Having read and understood the above conditions, I declare that I know how, will **PERSONALLY** install and take full responsibility for the work I propose.

CIVIC ADDRESS: _____

LOT _____ **BLOCK** _____ **PLAN** _____

LEGAL SUBDIVISION: _____

PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

Note: A permit is not a guarantee or assurance of the quality of the work, system or project to be undertaken, nor does it guarantee the longevity of a material, product or assembly. The undertaking needs to satisfy the requirements of the applicable Codes and Standards.

OFFICE USE ONLY

Permit # Issued: _____

Date Issued: _____

**PLEASE CONTACT YOUR SELECTED SAFETY CODES AGENCY FOR INSPECTIONS,
ALLOWING 48 HOURS FOR INSPECTION**

The personal information requested on this form is being collected by the County of Vermilion River and/or contracted Agencies for purposes provided under Section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) and is protected by the *FOIP ACT*.