



Applicant: ☐ Owner ☐ Contractor

Application Date: _____

Permit Number: 345345-_____-E _____

Building Permit: _____

Development Permit: _____

Project Value (Labor + Materials): \$ _____ Estimated Start Date: _____ Estimated Completed Date: _____

PROPERTY OWNER INFORMATION				
Owner Name:		Mailing Address:		City:
Province:	Postal Code:	Phone:	Email:	
<p>I hereby declare that I am the owner of the premises in/on which the work will be conducted, and reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations</p> <p style="text-align: center;">_____ Owners' Signature</p>				
CONTRACTOR INFORMATION				
Contractor Name:		Mailing Address:		City:
Province:	Postal Code:	Phone:	Email:	
<p>_____ Master Electrician Name ME Number Signature Business License No.</p>				

The Permit holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations. Section 25(1) of the Permit Regulations AR 204/2007 of the Safety Codes Act RSZ 20000, Chapter S-1 states "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 days from the date of issue of the permit, (b) is suspended or abandoned for a period of 120 days. This permit expires after 90 days if work has not started and an extension has not been requested. Please note that a one-time ninety (90) day extension can be considered when applied for in writing prior to a permit expiry date.

PROJECT LOCATION						
Municipal Address					Roll Number	
Lot:	Block	Plan	Section	Township	Range	Meridian
PROJECT INFORMATION						
Building Occupancy: <input type="checkbox"/> Residential <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other: _____		Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Temp Service <input type="checkbox"/> Renovation <input type="checkbox"/> Connection Only <input type="checkbox"/> Addition <input type="checkbox"/> Solar Installation <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Other: _____		Work Area in Sq. Ft: Main Floor: _____ 2nd Floor: _____ Basement: _____ Garage: _____ <input type="checkbox"/> Detached <input type="checkbox"/> Attached Total Area: _____		Type of Service: Amperes: _____ Voltage: _____ Phase: _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead
Description of Work: _____						

**PLEASE CONTACT
SUPERIOR
SAFETY CODES
FOR
INSPECTIONS,
MINIMUM TWO
WORKING DAYS
NOTICE.**

OFFICE USE ONLY	
Permit Fee:	Permit Issuers Name:
SCC Levy (\$4.50 or 4%): <i>whichever is greater, max. \$560</i>	Permit Issuers Signature:
Total:	Designation No.:
<input type="checkbox"/> DB <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> CHQ <input type="checkbox"/> CSH <input type="checkbox"/> ONLINE	Receipt No.: _____ Permit Issue Date: _____