



Town of Westlock
10003 106 Street
Westlock, AB T7P 2K3
Phone: 780-349-4444
Fax: 780-349-4436
planning@westlock.ca



Inspection Requests:
Superior Safety Codes Inc.
14613-134 Avenue
Edmonton, AB T5L 4S9
Phone: 780-489-4777
Fax: 780-489-4711

ELECTRICAL PERMIT APPLICATION FORM

Applicant: ☐ Owner ☐ Contractor

Permit Number: 345345-____-E____

Application Date: _____

Building Permit: _____
Development Permit: _____

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

Owner: _____ Mailing Address: _____	
City: _____	Prov.: _____ Postal Code: _____ Phone: _____
Email Address: _____	
Owners 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 on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations."	

Contractor: _____ Mailing Address: _____	
City: _____	Prov.: _____ Postal Code: _____ Phone: _____
Cell Number: _____	Fax: _____ Email Address: _____
_____	_____
Master Electrician Name	Master's Electrician Number
_____	_____
Master Electrician Signature	Business License No.
_____	_____

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 90 days. 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 onetime ninety (90) day extension can be considered when applied for in writing prior to a permit expiry date.

Project Location:	
Street Address: _____	Roll Number: _____
Lot(s): _____	Block: _____ Plan: _____
Legal Subdivision: Part of: _____	Section: _____ Township: _____ Range: _____ W of 4

Type of Service: Amperes: _____ Voltage: _____ Phase: _____	<input type="checkbox"/> Underground <input type="checkbox"/> Overhead
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Type of Building: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas	Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Basement Dev. <input type="checkbox"/> Temp Service <input type="checkbox"/> Accessory Building <input type="checkbox"/> Connection Only <input type="checkbox"/> Other _____	Area Being Developed: Main Floor: _____ sq. ft. 2 nd Floor: _____ sq. ft. Developed Basement: _____ sq. ft. Garage: _____ sq. ft. <input type="checkbox"/> Detached <input type="checkbox"/> Attached Total Developed: _____ sq. ft.	Detailed Description of Work: _____ _____ _____ _____ _____ _____
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Permit Fee: \$ _____	*SCC Levy: \$ _____	TOTAL FEE: \$ _____	*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560
Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Online <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Cash Receipt #: _____			

Permit Validation Section to be completed by the Permit Issuer:	
Permit Issuer's Name (print or type) _____	Permit Issuer's Signature _____
Designation Number _____	Date of Issue (M/D/Y): _____

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.

INSPECTION REQUESTS please contact Superior Safety Codes at:
Ph. 780.489.4777 or 1.866.999.4777
Allow for 48 hours notice for inspection