



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. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations 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 of Privacy Act.

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: _____ Underground Overhead

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: Visa M/C Amex Debit Cheque Cash

Receipt #: _____

Permit Validation Section to be completed by the Permit Issuer:

Special Conditions: _____

_____	_____
Permit Issuer's Name (print or type)	Permit Issuer's Signature
_____	_____
Designation Number	Date of Issue (M/D/Y):

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