



**Village of Andrew**  
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**The Inspections Group Inc.**  
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**ELECTRICAL PERMIT APPLICATION FORM**

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type:  Homeowner  Contractor

Cost of Installation (Labour & Material) \$                     

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. Section 25(1) of the Permit Regulation states: "A permit expires 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:** \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**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:** \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
 Master Electrician Number                      Master Electrician Name                      Master Electrician Signature

**Project Location in the Village of Andrew:**  
 Street Address: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
 Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
 Directions: \_\_\_\_\_

BUILDING TYPE:	TYPE OF WORK:	SERVICE INFORMATION:
<input type="checkbox"/> Single / Multi Family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional Square Feet: _____	<input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Temporary Service <input type="checkbox"/> Other	Does this installation Require a Service Connection <input type="checkbox"/> Yes <input type="checkbox"/> No <b>SUPPLY SERVICE:</b> <input type="checkbox"/> Overhead <input type="checkbox"/> Underground Service Information: Amps: _____ Volts: _____ Phase: _____

**Description of Work:** \_\_\_\_\_

**Payment Type:**  Cash  Cheque  C/C Agreement  Interac

**Permit Fee:** \$ \_\_\_\_\_

**+ SCC Levy\*:** \$ \_\_\_\_\_

**Total Cost:** \$ \_\_\_\_\_      **Receipt #:** \_\_\_\_\_

\*\$4.50 or 4% of the permit fee maximum \$560.00

**TIGI OFFICE USE ONLY**

Issuing Officer's Name: \_\_\_\_\_

Issuing Officer's Signature: \_\_\_\_\_

Designation Number: \_\_\_\_\_

Permit Issue Date: DD / MMM / YYYY

**REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC.**

**PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL FOR INSPECTIONS ALLOWING TWO 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.