



Town of Lamont
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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. A permit may expire 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 Town of Lamont:

Street Address: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

BUILDING TYPE:

- Single / Multi Family Dwelling
 - Commercial
 - Residential
 - Industrial
 - Institutional
- Square Feet: _____

TYPE OF WORK:

- New Work
- Renovation
- Connection
- Temporary Service
- Other

SERVICE INFORMATION:

Does this installation Require a Service Connection
 Yes No

SUPPLY SERVICE: Overhead Underground

Service Information: Amps: _____
 Volts: _____
 Phase: _____

Description of Work: _____

I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested may be charged at a rate of \$95 per inspection (plus Levy).

(Applicant Signature) _____

ROUGH IN

- Accept
- Decline

or

FINAL

- Accept
- Decline

Other: _____

***Homeowner applicants must select 2 stages of inspection**

Contractors may select only 1 inspection, additional selected inspections will be charged at \$95/ Inspection (plus Levy)

Payment Type: Cash Cheque C/C Agreement Interac
 (Make all cheques payable to The Inspections Group Inc.)

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

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL FOR INSPECTIONS ALLOWING 2 - 5 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.