

**Village of Waskatenau**

PO Box 99  
 Waskatenau, AB T0A 3P0  
 Phone: 780 358 2208  
 Fax: 780 358 2208  
 www.waskatenau.ca

**The Inspections Group Inc.**

12010 111 Avenue  
 Edmonton, AB T5G 0E6  
 Phone: 780 454 5048 Toll Free: 1 866 554 5048  
 Fax: 780 454 5222 Toll Free: 1 866 454 5222  
 www.inspectiongroup.com

**ELECTRICAL PERMIT APPLICATION FORM**Application Date: DD / MMM / YYYYEstimated Project Completion Date: DD / MMM / YYYYApplicant Type:  Homeowner  Contractor

Cost of Installation (Labour &amp; 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 Village of Waskatenau:**

Municipality: \_\_\_\_\_ Street Address: \_\_\_\_\_

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: \_\_\_\_\_

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 AND APPLICATION TO THE INSPECTIONS GROUP INC.****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.