



UNIVERSITY OF ALBERTA

ELECTRICAL COMPLIANCE MONITORING APPLICATION

Please fax this completed form to The Inspections Group Inc. at: 780 454 5222
or email to questions@inspectionsgroup.com

The Inspections Group Inc.
12010 – 111 Avenue
EDMONTON Alberta T5G 0E6
Phone: 780 454 5048
Fax: 780454 5222

Application Date: _____

Project Value: _____

U of A Project Manager: _____

Applicant Phone: _____

C File Number: _____
(provided by U of A Project Manager)

Permit Number: _____
(will be assigned by esite)

TYPE OF OCCUPANCY	TYPE OF WORK	BUILDING TYPE
<input type="checkbox"/> Institutional <input type="checkbox"/> Residential <input type="checkbox"/> Farm / Ranch <input type="checkbox"/> Commercial	<input type="checkbox"/> New Work <input type="checkbox"/> Renovation / Rewire <input type="checkbox"/> Additions <input type="checkbox"/> Connections Only <input type="checkbox"/> Communication <input type="checkbox"/> Sign / Outline Lighting <input type="checkbox"/> Other _____	<input type="checkbox"/> Single Family <input type="checkbox"/> Multiple Family <input type="checkbox"/> Temporary Service <input type="checkbox"/> Commercial <input type="checkbox"/> Hazardous Location (wiring) <input type="checkbox"/> Relocateable Unit Other: _____

Wiring Detail: Wire Size _____ Voltage _____ Amperes _____ Phase _____

Method of Wiring: NMS Cable Conduit Armoured Cable

The Supply Service Required Will Be: Overhead Underground Pad Transformer None

1. University of Alberta campus facility MAIN CAMPUS OTHER CAMPUS _____

2. Building Name: _____ Floor Level: _____

3. Location (Room #'s): _____

4. Premises Occupied By (Department): _____ Telephone #: _____

5. Brief Description of Installation: _____

The Permit Holder hereby certifies that this installation will be completed with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days.

Installers Name: _____ Installer #: _____

Applicant / Contractor Name: _____

Address: _____ City: _____ Postal Code: _____

Phone #: _____ Fax #: _____ Signature: _____

Email address: _____

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

PHONE: (780) 454-5048 FAX: (780) 454-5222 questions@inspectionsgroup.com

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.