

**MD of Wainwright No 61.**

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 Wainwright, AB T9W 1B3  
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 Fax: (780) 842-2463  
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**The Inspections Group Inc.**

12010 111 Avenue  
 Edmonton, AB T5G 0E6  
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 www.inspectionsgroup.com

**ELECTRICAL PERMIT APPLICATION FORM**

eSITE Permit Number: \_\_\_\_\_

Development Number: \_\_\_\_\_

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 MD of Wainwright No 61:**

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 Accessory Building Addition Renovation Basement. Development**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. Any additional inspections requested may be charged at a rate of \$120 per inspection (plus Levy).

**ROUGH IN** AND  **FINAL**  
 Required Required

 Other: \_\_\_\_\_**\*SFD applications with a value of work over \$2,500 must have 2 stages of inspection****\*Additional selected inspections will be charged at \$120/ Inspection (plus Levy)**(Applicant Signature)Payment Type:  Cash  Cheque  Credit Card  Interac

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

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

Total Cost: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

**OFFICE USE ONLY**

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

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

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

Permit Issue Date: DD / MMM / YYYY

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

**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.