

**PARKS
CANADA**



The Inspections Group Inc.

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ELECTRICAL INSPECTION APPLICATION FORM

Application Date: _____

Estimated Project Completion Date: _____

Applicant Type: Homeowner Contractor

Cost of Installation (Labour & Material) \$ _____

Owner Name: _____ Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
Owner's Signature _____ Cell: _____ Email: _____

Company Name: _____ Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
Cell: _____ Email: _____

Master Electrician Number Master Electrician Name Master Electrician Signature

Project Location in Parks Canada
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: _____

Payment Type: Cash Cheque C/C Agreement Interac
Permit Fee: \$ _____
Receipt #: _____

TIGI OFFICE USE ONLY
Reviewing Officer's Name: _____
Reviewing Officer's Signature: _____
Designation Number: _____
Issue Date: _____

**PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL
FOR INSPECTIONS ALLOW 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.**