

## **Kehewin Cree Nation**

PO Box 220 Kehewin, AB T0A 1C0 Phone: (780) 826 3333 Fax: (780) 826 2355 www.kehewincreenation.com

## The Inspections Group Inc.

110, 4910 – 50 Avenue Cold Lake AB T9M 0G1

Phone: (780) 594 4301 Toll Free: (888) 853 6411 Fax: (780) 594 3720 Toll Free: (844) 750 3721

www.inspectionsgroup.com questions@inspectionsgroup.com

## **ELECTRICAL PERMIT APPLICATION FORM**

Application Date: / MMM / YYYY  Applicant Type:  Contractor			Cost of Installation (Labour & Material) \$		
Owner Name:		Mai	ling Address:		
City:	Prov:	Postal Code:	Pł	Phone: Fax:	
Owner's Sigr	nature		Cell:	Email:	
		Mai	ling Address.		
City:	Prov:	Postal Code:	Pl	Phone:Fax:	
Cell:	Email: _				
Master Electrician Number		Master Electrician N	lame	Master Electrician Signature	
Project Location in the Kehewin Cree N House #: Directions:				lock: Plan:	
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 ackno inspection stages will take place at my requispections requested will be charged at a inspection.  (Applicant Signature)	uest. Any a	dditional <b>ROUGH IN</b> ai 150 per ⊠ Accept		INAL  Accept Other:  Cted inspections will be charged at \$150/ Inspection	
Payment Type: Cash Cheque	e □ C/C /	Agreement   Interac		TIGI OFFICE USE ONLY	
., ,,,		<b>5</b> <u> </u>	Issuing Offic	cer's Name:	
Permit Fee: \$			Issuing Offic	cer's Signature:	
Total Cost: \$		Receipt #: D		Designation Number:	
		· <del></del>	Ĭ	e Date:DD _/ _MMM _/ _YYYY	