

**Town of Millet**

P.O. Box 270
 Millet AB T0C 1Z0
 Phone: 780 387 4554
 Fax: 780 387 4459
 www.millet.ca
 development@millet.ca

 Permit Number

 Tax Roll Number

The Inspections Group Inc.

12010 - 111 Avenue NW
 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.inspectionsgroup.com
 questions@inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION

Application Date (DD MMM YYYY) _____

Estimated Project Completion Date (DD MMM YYYY) _____

APPLICANT TYPE Homeowner Contractor

Cost of Installation (Labour & 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.

PRINT 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

PRINT 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 TOWN OF MILLET

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 _____

An Electrical SCO will conduct the minimum inspections required as outlined in the Quality Management Plan for each project type. I understand, as the permit applicant of this permit that I can request additional inspections for a fee of \$95 per inspection (plus Levy)

Note: refer to the QMP for required inspections. Applicant Signature _____

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

Print 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. FOR INSPECTIONS, ALLOWING UP TO 5 WORKING DAYS OF THE REQUESTED INSPECTION DATE.

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