

**Summer Village of Kapasiwin**

Site 1, Box 157, RR 1
 Onoway, AB T0E 1V0
 Phone: 780 914 0997
 Fax: 780 963 4260
 www.kapasiwinalberta.com

The Inspections Group Inc.

12010 111 Avenue
 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.inspectiongroup.com

ELECTRICAL PERMIT APPLICATION FORMApplication Date: DD / MMM / YYYYEstimated Project Completion Date: DD / MMM / YYYYApplicant 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.

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 the Summer Village of Kapasiwin:

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: _____

Seasonal Property? Yes No**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: \$ _____

+ SCC Levy*: \$ _____

Total Cost: \$ _____

Receipt #: _____

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

TIGI OFFICE USE ONLY

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. 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.