



Town of St. Paul
 Box 1480
 5101 - 50 Street
 St. Paul, AB T0A 3A0
 Phone: (780) 645 4481
 Fax: (780) 645 5076
 www.town.stpaul.ab.ca

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: 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.

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 Town of St. Paul:

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: _____

I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested will be charged at a rate of \$150 per inspection (plus Levy).

(Applicant Signature) _____

ROUGH IN or **FINAL**
 Accept Other: _____
 Decline Decline

***Homeowner applicants must select 2 stages of inspection**
***Residential Contractors may select only 1 inspection, additional selected inspections will be charged at \$150/ Inspection (plus Levy)**

Payment Type: Cash Cheque C/C Agreement Interac

Permit Fee: \$ _____
 + SCC Levy*: \$ _____
 Total Cost: \$ _____

Receipt #: _____

TIGI 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

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.