



**Town of Elk Point**  
 PO Box 448  
 ELK POINT, AB T0A 1A0  
 Phone: (780) 724 3810  
 Fax: (780) 724 2762  
 www.elkpoint.ca



## 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 Including Equipment) \$ \_\_\_\_\_

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 Elk Point:**

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: \_\_\_\_\_

Annual Permit

Description of Work: \_\_\_\_\_

Payment Type:  Cash  Cheque  Interac  M/C  Visa

Permit Fee: \$ \_\_\_\_\_

+ SCC Levy\*: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

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

**The Inspections Group Inc.**

#110, 4910 50 Avenue  
 COLD LAKE AB T9M 0G1  
 Phone: (780) 594 4301 / (888) 853 6411  
 Fax: (780) 594 3720 / (844) 750 3721

www.inspectionsgroup.com  
 questions@inspectionsgroup.com

**PLEASE CONTACT THE INSPECTIONS GROUP INC. 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.