



Town of Bow Island
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The Inspections Group Inc
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 Lethbridge, Alberta, T1H 6T5
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 www.inspectionsgroup.com

Please submit all permit applications to south@inspectionsgroup.com for review and processing.

ELECTRICAL PERMIT APPLICATION FORM

Development Permit Number: _____ Estimated Project Completion Date: _____
 Building Permit Number (if applicable): _____ Project Value (labour and material): \$ _____
 Applicant Type: Owner Contractor Work: has not started is in progress is complete

OWNER / APPLICANT: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

CONTRACTOR: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

PROJECT LOCATION:
 Municipality: _____ Subdivision / Hamlet Name: _____
 Street Address: _____
 Legal Land Description: LSD: _____ Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Lot: _____ Block: _____ Plan: _____ Tax Roll Number: _____
 Directions: _____

BUILDING TYPE:
 Residential
 Commercial
 Industrial
 Institutional
 Agricultural
 Other (specify) _____

TYPE OF WORK:
 New Work
 Addition
 Renovation, Alteration
 Connection
 Temporary Service
 Service
 Alternate Energy
 Solar Wind
 Annual Permit
 Other (specify) _____

INSTALLATION AREA:
 m² ft²
 Main Floor _____
 Second Floor _____
 Third Floor _____
 Basement _____
 Garage _____
 Other (specify) _____
 Total Area _____

SERVICE INFORMATION:
 Overhead Underground
 Amps _____
 Volts _____
 Phase _____

DESCRIPTION OF WORK: _____

Master Electrician Name (print) _____ Master Electrician Certificate Number _____ Master Electrician's Signature _____
 Homeowner's Signature (homeowner permit only) _____
I hereby declare that I am the owner of the premises where the work will be conducted and/or currently reside or intend to reside on the property. I assume responsibility for ensuring compliance with the applicable Act and Regulations.

TIGI OFFICE USE ONLY

PAYMENT TYPE:
 Cheque Mastercard Visa AMEX Interac e-Transfer Invoice
Permit Fee: \$ _____
+ SCC Levy*: \$ _____
= Total Cost: \$ _____ **Receipt #:** _____

APPLICATION DETAILS:
Application Date: _____
Permit Number: _____

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