

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

County of Minburn No. 27

PO Box 550, 4909-50 Street VEGREVILLE AB T9C 1R6 Phone: 780 632 2082

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www.minburncounty.ab.ca

## **ELECTRICAL PERMIT APPLICATION FORM** Tax Roll #: \_\_\_ Application Date: \_\_DD / MMM / YYYY Estimated Project Completion Date: \_\_DD / MMM / YYYY Applicant Type: Homeowner Contractor Cost of Installation (Labour & Material Including Equipment) \$ Applicant Type: Interest an include the period of the peri Owner Name: \_\_\_\_\_ Mailing Address: \_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_ \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ \_\_\_ Email: \_\_\_ Cell: 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: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_ \_Fax: \_\_\_\_ \_\_\_\_\_ Email: \_\_\_\_ Master Electrician Number Master Electrician Name Master Electrician Signature Project Location in the County of Minburn: Street Address: Legal Subdivision: Part of: \_\_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_ \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_ Subdivision Name: Directions: \_\_ TYPE OF WORK: **BUILDING TYPE:** SERVICE INFORMATION: ☐ Single / Multi Family Dwelling ☐ New Work Does this installation Require a Service Connection Yes □ No ☐ Commercial ☐ Renovation **SUPPLY SERVICE**: ☐ Overhead ☐ Underground □ Connection ☐ Residential Service Information: ☐ Industrial □ Temporary Service ☐ Institutional ☐ Other Phase: \_\_\_ Square Feet:\_\_\_ ANNUAL PERMIT: ☐ Yes □ No Description of Work: \_\_\_ ☐ Cash ☐ Cheque ☐ Interac ☐ M/C ☐ Visa Payment Type: The Inspections Group Inc. 300W, 14310 – 111 Avenue NW Permit Fee: \$ EDMONTON AB T5M 3Z7 Phone: (780) 454 5048 Toll Free: (866) 554 5048 + SCC Levy\*: \$ Fax: (780) 454 5222 Toll Free: (866) 454 5222 Total Cost: \$ Receipt #:\_ www.inspectionsgroup.com

## REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

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.