



Town of Bow Island
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The Inspections Group Inc
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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: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Agricultural <input type="checkbox"/> Other (specify) _____ _____	TYPE OF WORK: <input type="checkbox"/> New Work <input type="checkbox"/> Addition <input type="checkbox"/> Renovation, Alteration <input type="checkbox"/> Connection <input type="checkbox"/> Temporary Service <input type="checkbox"/> Service <input type="checkbox"/> Alternate Energy <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Annual Permit <input type="checkbox"/> Other (specify) _____ _____	INSTALLATION AREA: <div style="text-align: right; margin-bottom: 5px;"><input type="checkbox"/> m² <input type="checkbox"/> ft²</div> Main Floor _____ Second Floor _____ Third Floor _____ Basement _____ Garage _____ Other (specify) _____ _____ Total Area _____	SERVICE INFORMATION: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground Amps _____ Volts _____ Phase _____
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DESCRIPTION OF WORK: _____

Master Electrician Name (print) _____	Master Electrician Certificate Number _____	Master Electrician's Signature _____	Homeowner's Signature (homeowner permit only) <small>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.</small>
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TIGI OFFICE USE ONLY

PAYMENT TYPE: <input type="checkbox"/> Cheque <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Interac <input type="checkbox"/> e-Transfer <input type="checkbox"/> Invoice Permit Fee: \$ _____ + SCC Levy*: \$ _____ = Total Cost: \$ _____ Receipt #: _____	APPLICATION DETAILS: Application Date: _____ Permit Number: _____
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* \$4.50 or 4% of the permit fee maximum \$560.00