



MD of Willow Creek
 273129 Secondary Highway 520 West
 Claresholm, AB T0L 0T0
 Phone: 403-625-3351

Md26@willowcreek.com



ELECTRICAL PERMIT APPLICATION FORM

Development Number: _____

Permit Number: _____

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 MD of Willow Creek:

Street Address: _____

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
- Addition
- Renovation / Alteration
- Installation of service (panel/meter/service upgrade)
- Service Connection
- Improvements (A/C, hot tub, bsmt dev, etc.)
- Temporary Service
- Alternative Energy – solar/wind
- Other Annual Permit

SERVICE INFORMATION:

Does this installation Require a Service Connection
 Yes No

SUPPLY SERVICE: Overhead Underground

Service Information: Amps: _____

Volts: _____

Phase: _____

Description of Work: _____

(FOR RESIDENTIAL REMOTE WATER METER READERS, WIRING SHALL BE A MINIMUM OF 3/18)

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

Total Cost: \$ _____

Receipt #: _____

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

The Inspections Group Inc.

2825 18 Avenue N
 Lethbridge, AB T1H 6T5
 Phone: 587-787-4143 Toll Free: 1-888-852-3558
 Fax: 587-787-4142 Toll Free: 1-888-852-3557
 south@inspectionsgroup.com

PLEASE REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

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.