



## Village of Clyde

PO Box 190  
Clyde, AB T0G 0P0  
Phone: (780) 348-5356  
Fax: (780) 348-5699  
www.villageofclyde.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 Village of Clyde:

Street Address: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_

Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Directions: \_\_\_\_\_

<b>BUILDING TYPE:</b> <input type="checkbox"/> Single / Multi Family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional Square Feet: _____	<b>TYPE OF WORK:</b> <input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Temporary Service <input type="checkbox"/> Other _____	<b>SERVICE INFORMATION:</b> Does this installation Require a Service Connection <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>SUPPLY SERVICE:</b> <input type="checkbox"/> Overhead <input type="checkbox"/> Underground Service Information: Amps: _____ Volts: _____ Phase: _____  <input type="checkbox"/> Annual Permit
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Description of Work: \_\_\_\_\_

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Interac <input type="checkbox"/> M/C <input type="checkbox"/> Visa	<b>The Inspections Group Inc.</b> 300W, 14310 – 111 Avenue NW Edmonton AB T5M 3Z7 Phone: (780) 454 5048 Toll Free: (866) 554 5048 Fax: (780) 454 5222 Toll Free: (866) 454 5222 <a href="http://www.inspectionsgroup.com">www.inspectionsgroup.com</a> <a href="mailto:questions@inspectionsgroup.com">questions@inspectionsgroup.com</a>
Permit Fee: \$ _____	
+ SCC Levy*: \$ _____	
Total Cost: \$ _____	Receipt #: _____
* \$4.50 or 4% of the permit fee maximum \$560.00	

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

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.