



Municipality of Crowsnest Pass
PO Box 600
Crowsnest Pass, Alberta, T0K 0E0
PH: (403) 562-8833
reception@crownsnestpass.com
www.crownsnestpass.com



The Inspections Group Inc
2825 18 Avenue N
Lethbridge, Alberta, T1H 6T5
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south@inspectionsgroup.com
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Please submit all permit applications to reception@crownsnestpass.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) _____

SERVICE INFORMATION:

- ☐ Overhead ☐ Underground

Amps _____

Volts _____

Phase _____

INSTALLATION AREA:

☐ m² ☐ ft²

Main Floor _____

Second Floor _____

Third Floor _____

Basement _____

Garage _____

Other (specify) _____

Total Area _____

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.

Please be advised that payment must be received prior to the processing of any code review or the issuance of a permit. Permits may be canceled upon request; however, depending on the stage of the permit or application at the time of cancellation, a minimum fee of \$100 will be retained in accordance with the Municipality of Crowsnest Pass' Permit Fee Schedule.

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: _____

Internal File Number: _____

Wildland Urban Interface Rating: _____

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

The personal information provided as part of this application is collected under the authority of the Safety Codes Act, the Municipal Government Act, and in accordance with the Protection of Privacy Act (POPA) and the Access to Information Act (ATIA). This information is required and will be used for issuing permits, verifying and monitoring compliance with safety codes, and for property assessment purposes. The name of the permit holder and the nature of the permit may be made available to the public upon request. If you have any questions about the collection or use of your personal information, please contact the Municipality.