Safety Codes Council
Alberta Safety Codes Authority

Electrical Permit Application

The Inspections Group Inc.
Cold Lake and Edmonton Offices
questions@inspectionsgroup.com

Lethbridge Office
south@inspectionsgroup.com

Permit Applicant: ☐Owner ☐Contractor
Application Date *(mm/dd/yyyy)*: _____
Development Permit No. *(if applicable)*:_____
Building Permit No. *(if applicable)*:_____
Estimated Start Date *(mm/dd/yyyy)*:_____
Estimated Completion Date *(mm/dd/yyyy)*:_____
Value of Work *(labour & materials)*:_____

Owner Name *(printed)*:_____
Mailing Address:_____ City/Town/Village:_____ Province:_____ Postal Code:_____
*Email:_____ Owners Phone #:_____ Fax #:_____

Contracting Company Name *(printed)*:_____ **Contact Name** *(printed)*: _____
Mailing Address:_____ City/Town/Village:_____ Province:_____ Postal Code:_____
*Email:_____ Owners Phone #:_____ Fax #:_____

Project Location
Municipality:_____ Subdivision/ Hamlet Name:_____ Tax Roll No.:_____
Street/ Rural Address:_____ Unit:_____
* **Legal land description is required**
Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____
Directions:_____

Description of Work *(please provide a **complete** and **detailed** description of the work to be completed including all applicable drawings/ documents):*

☐Work has not started ☐Work is in progress ☐Work is complete

WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING

TYPE OF OCCUPANCY	TYPE OF WORK	SERVICE AND INSTALLATION AREA
☐Single Family Residential ☐Multi-Family Residential # of units: _____ ☐Agricultural (Farm) ☐Commercial ☐Industrial ☐Institutional ☐Other *(specify)*: _____	☐New ☐Addition ☐Renovation/Alteration *(interior)* ☐Installation of Service *(panel/meter/ service upgrade)* ☐Service Connection *(energizing the site/ mobile home/ building/ equipment)* ☐Improvements *(A/C/ hot tub/ basement development/ etc.)* ☐Temporary Service ☐Annual Permit ☐Alternative Energy ☐Solar ☐Wind ☐Other *(specify)*: _____ ☐Other *(specify)*:_____	☐**Overhead** ☐**Underground** Amps: _____ Volts: _____ Phase: _____ ☐**Feet²** ☐**Meters²** Ground Floor: _____ 2nd Floor *(loft/ mezzanine)*: _____ Basement Development: ☐Yes ☐No _____ Garage/ Shop: ☐Attached ☐Detached _____ Other *(specify)*: _____ **Total Installation Area**: _____

The personal information you provide to Alberta Safety Codes Authority (ASCA) and the Safety Codes Council is authorized under section 4(c) of the Protection of Privacy (POPA) Act. This information is used to support the administration and delivery of services within ASCA's scope under the Safety Codes Act. This includes, but is not limited to, certification, accreditation, training programs, and program evaluation and planning purposes (including processing permit applications, issuing permits, monitoring and verifying compliance, and conducting investigations and audits). Information may be shared with municipalities, contracted accredited agencies, or other regulatory or governmental bodies as authorized by legislation. ASCA may disclose information in response to permit search requests associated with land transactions or due diligence processes. Additionally, contact information may be used for the Council's annual survey.
Please direct questions concerning the collection of this information to the Privacy Information Coordinator at the Safety Codes Council, Suite 500, 10405 Jasper Ave. NW, Edmonton, Alberta, T5J 3N4, Email: privacy@safetycodes.ab.ca

_____ _____ _____
Master Electrician Name *(please print)* Certification No. Master Electrician Signature

_____
Homeowner's Signature *(homeowner permit only)* **Homeowner Declaration**: 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.

OFFICE USE ONLY

Other Permits Required ☐ Building ☐ Plumbing ☐ Gas ☐ Private Sewage ☐ Not Applicable

Permit Fee: $_____
SCC Levy: $_____
($4.50 or 4% of the permit fee maximum $560.00)
Travel Fee: $_____

Total Cost: $_____
Receipt No.: _____
☐Invoiced ☐Cash ☐Cheque ☐Debit
☐Credit Card ☐Visa ☐MC *(attach signed credit card authorization form)*

[Received Date Stamp]

eSITE Permit No.: _____

Agency File No.: _____

Visit Where to get a Permit to find out where to submit your application.
* Email address fields and legal land description are required to be completed. See permit guidelines for details.