



Municipal District of Willow Creek No. 26  
PO Box 550  
Clareholm, Alberta, T0L 0T0  
PH: (403) 625-3351  
Fax: (403) 625-3886  
md26@mdwillowcreek.com  
www.mdwillowcreek.com



The Inspections Group Inc  
2825 18 Avenue N  
Lethbridge, Alberta, T1H 6T5  
PH: (587) 787-4143 TF: 1 (888) 852-3558  
Fax: (587) 787-4142  
south@inspectionsgroup.com  
www.inspectionsgroup.com

Please submit all permit applications to [south@inspectionsgroup.com](mailto: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: \_\_\_\_\_

<b>BUILDING TYPE:</b> <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) _____	<b>TYPE OF WORK:</b> <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"/> Alternate Energy <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Annual Permit <input type="checkbox"/> Other (specify) _____	<b>SERVICE INFORMATION:</b> <input type="checkbox"/> Overhead <input type="checkbox"/> Underground  Amps _____ Volts _____ Phase _____	<b>INSTALLATION AREA:</b>  Main Floor <input type="checkbox"/> m <sup>2</sup> <input type="checkbox"/> ft <sup>2</sup> Second Floor _____ Third Floor _____ Basement _____ Garage _____ Other (specify) _____  Total Area _____
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**DESCRIPTION OF WORK:** \_\_\_\_\_  
\_\_\_\_\_

Master Electrician's Name (print)	Master Electrician's 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.
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Please be advised that payment must be received before any code review is processed or a permit is issued.

### TIGI OFFICE USE ONLY

<b>PAYMENT TYPE:</b> <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	<b>APPLICATION DETAILS:</b>  Application Date: _____ Permit Number: _____
Permit Fee: \$ _____ + SCC Levy*: \$ _____ = Total Cost: \$ _____ * \$4.50 or 4% of the permit fee maximum \$560.00	Receipt #: _____

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 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.