

**COUNTY OF VERMILION RIVER**

Box 69  
 Kitscoty, AB T0B 2P0  
 Phone: (780) 846-2244  
[www.vermilion-river.com](http://www.vermilion-river.com)

**THE INSPECTIONS GROUP**

300 West, 14310 – 111 Ave.  
 Edmonton, AB T5M 3Z7  
 (780) 454-5048 or Toll Free: (866) 554-5048  
[www.inspectionsgroup.com](http://www.inspectionsgroup.com)

**ELECTRICAL PERMIT APPLICATION FORM**

Permit Applicant:  Owner  Contractor

Application Date (mm/dd/yyyy): \_\_\_\_\_ Estimated Start Date (mm/dd/yyyy): \_\_\_\_\_

Development Permit No.: \_\_\_\_\_ Estimated Completion Date (mm/dd/yyyy): \_\_\_\_\_

eSite Permit No.: \_\_\_\_\_ Value of Work (labor, materials & equipment): \$ \_\_\_\_\_

Owner Name (printed): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor Name (printed): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Municipality: COUNTY OF VERMILION RIVER Street Address: \_\_\_\_\_

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

Legal Subdivision: Part of \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Range: \_\_\_\_\_ W4M Tax Roll #: \_\_\_\_\_

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

**TYPE OF OCCUPANCY:**

- Single Family Residential
- Multi-Family Residential
- Farm
- Commercial
- Industrial
- Institutional
- Oil & Gas
- Other (specify): \_\_\_\_\_

**TYPE OF WORK:**

- New
- Addition
- Renovation
- Accessory Building
- Service Connection
- Improvements
- Temporary Service
- Basement Development
- Alternative Energy
  - Solar  Wind  Other (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**SERVICE AND INSTALLATION AREA:**

- Overhead  Underground
- Amps: \_\_\_\_\_ Volts: \_\_\_\_\_ Phase: \_\_\_\_\_
- m<sup>2</sup>  ft<sup>2</sup>
- Main Floor \_\_\_\_\_
- Second Floor \_\_\_\_\_
- Basement: \_\_\_\_\_
- (Developed:  Yes  No)
- Garage \_\_\_\_\_
- Deck \_\_\_\_\_
- Other (specify) \_\_\_\_\_
- TOTAL \_\_\_\_\_

Description of Work: \_\_\_\_\_

Master Electrician Name \_\_\_\_\_ Certification No. \_\_\_\_\_ Master Electrician Signature \_\_\_\_\_

Homeowner Signature: \_\_\_\_\_

I hereby declare that 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.

Permit Fee: \$ \_\_\_\_\_

+SCC Levy\*: \$ \_\_\_\_\_

=TOTAL COST: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

Payment Method:  Credit Card  Debit  Cheque  Cash

\*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

**APPLICATION DETAILS:**

Application Date: \_\_\_\_\_

Agency File No.: \_\_\_\_\_

Permit Issuer's Name (print): \_\_\_\_\_ Permit Issuer's Signature: \_\_\_\_\_

Permit Issuer's Designation Number: \_\_\_\_\_ Date of Issue (mm/dd/yyyy): \_\_\_\_\_

**REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.****PLEASE CONTACT YOUR SELECTED SAFETY CODES AGENCY FOR INSPECTIONS ALLOWING 48 HOURS NOTICE FOR INSPECTION**

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.