



Electrical Permit Application

PERMIT

IJD INSPECTIONS LTD. E4, 5560 45th ST. Red Deer, AB T4N 1L1

PERMIT APPLICANT: Contractor Homeowner Annual

Owner Name _____ **Daytime Phone** _____
Mailing Address _____ **City/Town** _____ **Postal Code** _____
Fax _____ **Email** _____

Contractor _____ **Daytime Phone** _____
Mailing Address _____ **City/Town** _____ **Postal Code** _____
Fax _____ **Email** _____
Master Electrician Name: _____ **Master #** _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. Homeowner applicants affirm that they are the owner of the premises in which the work will be conducted and reside on the property. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

APPLICANT NAME: _____ **APPLICANT SIGNATURE: X** _____

Municipality: _____ **Street Address:** _____
Rural Address (" R O "): _____
Lot: _____ **Block:** _____ **Plan:** _____ **Subdivision:** _____
Legal subdivision: Part of _____ **Section** _____ **Township** _____ **Range** _____ **West of** _____

Intended Use: Single Family Dwelling (area to be wired): Main Floor Basement Attached/Detached Garage
 Commercial MFD Home or RTM Farm Oilfield Skid Unit Re-locatable Industrial Accommodation
 Other: _____
Type of Work: New Work Renovation Connection Services Temporary
Description of Work: _____

Amps: _____ **Voltage:** _____ **Phase:** _____ Underground Overhead
***Value of Material & Labor: \$** _____ ** Includes all electrical equipment, fixtures and wiring.*

Permit Validation Section:
Special Conditions: _____
General Conditions: This Permit expires if the undertaking to which it applies:
 -is not commenced within 90 days from the date of issue of the permit,
 -is suspended or abandoned for a period of 120 days, or
 -is in respect of a seasonal use residence and the undertaking is suspended or abandoned for a period of 240 days after the undertaking is started.

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| Issuing S.C.O. Name | S.C.O. Designation # | S.C.O. Signature | Date of Issue |
|---------------------|----------------------|------------------|---------------|

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| PERMIT FEE | | Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Other |
| SCC LEVY | | Credit Card # _____ Exp. ____/____ Purchase Order # _____ This is your Invoice |
| TOTAL FEE | | Card Holder's Signature: X _____ |