Smoky Lake County PO Box 310 SMOKY LAKE AB TOA 3C0 Phone: 780 656 3730 Fax: 780 656 3768 www.smokylakecounty.ab.ca

Duilding Dormit #

The Inspections Group Inc. 12010 – 111 Avenue NW EDMONTON AB T5G 0E6 Phone: (780) 454 5048 Toll Free: (866) 554 5048 Fax: (780) 454 5222 Toll Free: (866) 454 5222 www.inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY Estimated Project Completion Date: DD / MMM / YYYY Applicant Type: Homeowner Contractor Cost of Installation (Labour & Material) \$ The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not comme days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date. Owner Name:	nced within 90
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days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date. Owner Name: Mailing Address:	
Owner Name: Mailing Address:	
City: Prov: Postal Code: Phone: Fax:	
Owner's Signature / Declaration (Single Family Residential Only) Cell: Email: "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 complia applicable Act and Regulations" Email:	
Company Name: Mailing Address:	
City: Prov: Postal Code: Phone: Fax:	
Cell: Email:	
Master Electrician Number Master Electrician Name Master Electrician Signature	
Project Location in the County of Smoky Lake:	
Street Address:	
Legal Subdivision: Part of:	
Subdivision Name: Lot: Block: Plan:	
Directions:	
BUILDING TYPE: TYPE OF WORK: SERVICE INFORMATION:	
Single / Multi Family Dwelling New Work Does this installation Require a Service Connection	
□ Commercial □ Renovation	
Connection	
Service Information: Amps:	-
Industrial Temporary Service Volts:	_
Institutional Other Phase:	
Square Feet:	-
Description of Work:	
I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested will be charged at a rate of \$150 per inspection (plus Levy). (Applicant Signature)	
Payment Type: Cash Cheque Credit Card Interac TIGI OFFICE USE ONLY	
Permit Fee: \$ Issuing Officer's Name:	
+ SCC Levy:: \$	
*\$4.50 or 4% of the permit fee maximum \$560.00 Permit Issue Date:DD // MMM /YYYY	
REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.	

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS

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