



Town of Elk Point
 PO Box 448
 Elk Point, AB T0A 1A0
 Phone: (780) 724 3810
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 www.elkpoint.ca

Permit Sticker

The Inspections Group Inc.
 #110, 4910 50 Avenue
 Cold Lake AB T9M 0G1
 Phone: (780) 594 4301 / (888) 853 6411
 Fax: (780) 594 3720 / (844) 750 3721
 www.inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION FORM

Application Date: _____ Estimated Project Completion Date: _____

Applicant Type: Homeowner Contractor Cost of Installation (Labour & Material) \$ _____
 The Permit Holder hereby certifies that this installation will be completed in accordance with the Safety Codes Act. Section 25(1) of the Permit Regulation states: "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 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: _____
 City: _____ Prov: _____ Postal Code: _____
 Cell: _____ Phone: _____ Fax: _____
 Email: _____
Owner's Signature / Declaration (Single Family Residential Only)
 *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."

Contractor Name: _____ Business Name: _____
 Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
 Phone: _____ Fax: _____ Cell: _____
 Email: _____
 _____ Master Electrician Number _____ Master Electrician Name _____ Master Electrician Signature _____

Project Location in The Town of Elk Point:
 Street Address: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

BUILDING TYPE: <input type="checkbox"/> Single / Multi Family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional Square Feet: _____	TYPE OF WORK: <input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Temporary Service <input type="checkbox"/> Other	SERVICE INFORMATION: Does this installation Require a Service Connection <input type="checkbox"/> Yes <input type="checkbox"/> No SUPPLY SERVICE: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground Service Information: Amps: _____ Volts: _____ Phase: _____
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Description of Work:

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> C/C <input type="checkbox"/> On Account <input type="checkbox"/> Interac Permit Fee: \$ _____ + SCC Levy*: \$ _____ + Admin Fee: \$ _____ Total Cost: \$ _____ Receipt #: _____ <small>*\$4.50 or 4% of the permit fee maximum \$560.00</small>	OFFICE USE ONLY Issuing Officer's Name: _____ Issuing Officer's Signature: _____ Designation Number: _____ Permit Issue Date: _____
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PLEASE CONTACT THE INSPECTIONS GROUP INC FOR INSPECTIONS. PRIOR TO COVER OR CONCEALMENT ALLOWING TWO 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.