

**Town of Millet**

P.O. Box 270, 5120 – 50 Street
 MILLET, AB T0C 1Z0
 Phone: 780 387 4554
 Fax: 780 387 4459
 www.millet.ca
 development@millet.ca

Permit Number: _____

Tax Roll Number: _____

The Inspections Group Inc.

12010 – 111 Avenue NW
 EDMONTON AB T5G 0E6
 Phone: 780 454 5048 Toll Free: 1 866 554 5048
 Fax: 780 454 5222 Toll Free: 1 866 454 5222
 www.inspectionsgroup.com
 questions@inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION FORMApplication Date: DD / MMM / YYYYEstimated Project Completion Date: DD / MMM / YYYYApplicant 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 & Regulations. Section 25(1) of the Permit Regulation AR 204/2007 of the Safety Codes Act Section 25(1) 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." Please note that an extension can be considered when applied for in writing prior to permit expiry date.

Owner Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ 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. I assume responsibility for compliance with the applicable Act and Regulations"

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 Town of Millet:

Street Address: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

Directions: _____

BUILDING TYPE:

- Single / Multi Family Dwelling
 Commercial
 Residential
 Industrial
 Institutional

Square Feet: _____

TYPE OF WORK:

- New Work
 Renovation
 Connection
 Temporary Service
 Other

SERVICE INFORMATION:

Does this installation Require a Service Connection
 Yes No

SUPPLY SERVICE: Overhead Underground

Service Information: Amps: _____

Volts: _____

Phase: _____

Description of Work: _____

Payment Type: Cash Cheque Interac

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

Total Cost: \$ _____

Receipt #: _____

AUTHORIZED BY:

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: DD / MMM / YYYY

*\$.450 or 4% of the permit fee maximum \$560.00

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.