

Permit Type:  Homeowner  Contractor

Estimated Start Date (M/D/Y) \_\_\_\_\_  
Estimated Completion Date (M/D/Y) \_\_\_\_\_

Application MUST be filled out in full.

When your permit is ready do you want us to:  call you for pick up  mail it  fax  email

Owner Name: _____ Mailing Address (City, Province, Postal Code): _____ _____ Phone: _____ Alternate Phone: _____ Fax: _____ Email _____	Contractor Name: _____ Mailing Address (City, Province, Postal Code): _____ _____ Phone: _____ Alternate Phone: _____ Fax: _____ Email _____
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Legal(circle): NE NW SE SW Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ W4 Subdivision \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ Rural Address: \_\_\_\_\_

**Project Information**

- Commercial
- Residential
- Industrial
- Institutional
- Oil & Gas

**Type of Work**

- New
- Addition
- Renovation
- Accessory Building
- Basement Development

Total Developed Area: \_\_\_\_\_ Sq.Ft.

- Temp Heat
- Connection Only
- Other

Roll #: \_\_\_\_\_

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

Service: Amp:  60  100  Other \_\_\_\_\_

Voltage:  120/208  120/240  Other \_\_\_\_\_

Phase:  Single-Phase  Three-Phase

Supply Service Required:  yes  no

Type of Service:  overhead  underground  temporary

Project Value (please include both labour & materials) \$ \_\_\_\_\_

**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. The permit owner/contractor acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act. **The permit applicant acknowledges this permit will expire in one (1) year unless extended in writing by a Safety Codes Officer or the Development Authority**

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

Master's Signature \_\_\_\_\_

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

Master's Name \_\_\_\_\_

Scc Levy: \*\$ \_\_\_\_\_ (\*See Fee Schedule)

Master's Certification Number \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_

Expiry Date \_\_\_\_\_

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

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