



Electrical Permit Application

Permit Label

Other Required Permits: Building Plumbing Gas PSDS Supply Service Required: Yes No

Permit Type: Owner Contractor Development Permit Number: _____

Application Date (M/D/Y): _____ Estimated Completion Date (M/D/Y): _____

Owner: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Email Address: _____ Fax: _____

Contractor: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Email Address: _____ Fax: _____

Project Location: _____ **CITY OF WETASKIWIN** _____
 Street Address: _____ Subdivision Name: _____
 Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
 Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional
Type of Work: New Renovation Addition Accessory Building Basement Dev. Connection Only Temp Service Other
Type of Service: Amps: _____ Voltage: _____ Phase: _____ U/G O/H
Main Floor: _____ sq. ft.
2nd Floor: _____ sq. ft.
Dev. Basement: _____ sq. ft.
Garage: _____ sq. ft.
 Detached Attached

Detailed Description of Work:

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. 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 City of Wetaskiwin at 780.361.4431.

Master's Name (Please print) _____ Master's Signature _____ Homeowner's Signature (Homeowner permits only) _____
 Master's Certification Number _____ **Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.**

Project Value (Materials & Labour): \$ _____ **Total Developed Area:** _____ Sq. Ft

Permit Fee: \$ _____ ***SCC Levy:** \$ _____ **TOTAL FEE:** \$ _____

*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

Payment Method: Visa M/C Debit Cheque Cash Authorization / Cheque Number _____

Credit Card #: _____ Expiry Date: _____ Date of Authorization: _____

Name of Cardholder: _____ Signature of Cardholder: _____

Permit Validation Section to be completed by the Permit Issuer: **Inspecting SCO:** _____

Special Conditions: _____

Permit Issuer's Name (print or type) _____ Permit Issuer's Signature _____

Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____



INSPECTION REQUESTS please contact Superior Safety Codes at:
Ph. 403.358.5545 Fax 403.358.5085 or
Online at www.superiorsafetycodes.com
Allow 48 hours' notice for inspection