

Town of Bon Accord

PO Box 779 BON ACCORD AB TOA 0K0 Phone: 780 921 3550

Fax: 780 921 3585 www.bonaccord.ca

The Inspections Group Inc.

12010 - 111 Avenue EDMONTON AB T5G 0E6

Phone: 780 454 5048 Toll Free: 1 866 554 5048 780 454 5222 Toll Free: 1 866 454 5222

www.inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY Estimated Project Completion Date: DD / MMM / YYYY			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 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:			
			ne: Fax:
1100.			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 am doing the work myself, and 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 Bon Accord: Street Address: Tax Roll #:			
Legal Subdivision: Part of: Section	on: Township	c	Range: West 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		☐ Yes ☐ No
Residential	☐ Connection		SUPPLY SERVICE: Overhead Underground
☐ Industrial	☐ Temporary Service		Service Information: Amps:
☐ Institutional	Other		Volts:
Square Feet:	- Canon		Phase:
Squale i eet			
Description of Work:			
I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested may be charged at a rate of \$100 per inspection (plus Levy).			
	Agreement Interac		TIGI OFFICE USE ONLY
Issuing Officer's Name:			
Permit Fee: \$		Issuing Officer's Signature:	
+ SCC Levy*: \$	Designation Nun		nber:
Total Cost: \$ Receipt #: Permit Issue Date: DD / MMM / YYYY		e:DD / MMM / YYYY	
*\$4.50 or 4% of the permit fee maximum \$560.00			

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.