



Town of Stony Plain
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For Inspections Contact

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 Phone: (780) 454 5048 / (866) 554 5048
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ELECTRICAL PERMIT APPLICATION FORM

Building Permit: _____

Electrical Permit #: _____

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: Owner 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.

LAND OWNER / TENANT

Owner Name: _____ Mailing Address: _____

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

Cell: _____ Email: _____

Signature / Declaration (Single Family Residential Only)

"I hereby declare I have care and control 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"

CONTRACTOR

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 Stony Plain:

Street Address: _____ Tax Roll #: _____

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: _____

Additional inspections will be charged at \$75/ Inspection (plus Levy)

Permit Fee: \$ _____ + SCC Levy*: \$ _____ Total Cost: \$ _____

*\$4.50 or 4% of the permit fee maximum \$560.00

Payment Type: Visa M/C Debit Cheque Cash

Authorization / Receipt #: _____

Credit Card #: _____ Expiry Date: _____

Date of Authorization: _____

Name of Cardholder: _____

Signature of Cardholder: _____

PRIVACY DISCLOSURE

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, use or disclosure of the personal information provided, please contact the FOIP Coordinator at 780-963-2151.