



**Town of Stony Plain**  
 4905 – 51 Avenue  
 Stony Plain, AB T7Z 1Y1  
 Phone: (780) 963-8598  
 Fax: (780) 963-0935  
 planning@stonyplain.com

**For Inspections Contact**

**The Inspections Group Inc.**  
 Phone: (780) 454 5048 / (866) 554 5048  
 Fax: (780) 454 5222 / (866) 454 5222  
 www.inspectionsgroup.com

**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

Is an additional servicing inspection required?  Yes  No  
**Add \$75.00 to permit fee**

Number of Services: \_\_\_\_\_

**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.