

Name of Cardholder:

Town of Stony Plain

4905 – 51 Avenue Stony Plain, AB T7Z 1Y1 Phone: (780) 963-8598 Fax: (780) 963-0935

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For Inspections Contact

The Inspections Group Inc.

Phone: (780) 454 5048 / (866) 554 5048 Fax: (780) 454 5222 / (866) 454 5222

www.inspectionsgroup.com

El	ECTRICAL PERMIT A	PPLICATION FORM		
Building Permit:		Electrical Permit #:		
Application Date:DD / MMM / YYYY				
Applicant Type: Owner Contractor		Cost of Installation (Labour & Material) \$		
The Permit Holder hereby certifies that this installation will be complet days of issue of the permit, (b) is suspended or abandoned for a perio		Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced wi ered when applied for in writing prior to permit expiry date.	thin 90	
LAND OWNER / TENANT				
Owner Name:	Mailin	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 applicable Act and Regulations"	<i>(</i>)	Il reside on the property. I am doing the work myself, and assume responsibility for compliance with		
CONTRACTOR - Stony Plain Business Licence ☐ Y	es ☐ No Licence #	Expiry Date:		
Company Name:	Mailin	g Address:		
67	D 110 1			
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:	iviastei Liectrician ivanie	Master Electrician Signature		
Street Address:		Tay Poll #		
		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 ☐ Yes ☐ No		
☐ Commercial	Renovation	Is an additional servicing inspection required? ☐ Yes ☐ No		
Residential	☐ Connection	Add \$80.00 to permit fee		
☐ Industrial	☐ Temporary Service	Number of Services:		
☐ Institutional	☐ Other	SUPPLY SERVICE: ☐ Overhead ☐ Underground Service Information: Amps:		
Square Feet:		Volts:		
		Phase:		
DESCRIPTION OF WORK:			_	
Ado	litional inspections will be charge	d at \$80 / Inspection (plus Levy)		
Permit Fee: \$ + SC	C 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:		

PRIVACY DISCLOSURE

Signature of Cardholder:

CVC#: