

## **Town of Smoky Lake**

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## The Inspections Group Inc.

12010 - 111 Avenue NW EDMONTON AB T5G 0E6

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

www.inspectionsgroup.com

## **ELECTRICAL PERMIT APPLICATION FORM**

pplication Date:DD / MMM / YYYY Estimated Project Completion Date:DD / MMM / YYYY			ted 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:	Mailin	g Address:		
City: Prov.:	Postal Code:	Pho	one: Fax:	
			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:	Mailin	g Address:		
City:Prov.:	Postal Code:	Pho	ne:Fax:	
Cell:				
Master Electrician Number Master Electrician Name Master Electrician Signature		Master Electrician Signature		
Project Location in The Town of Smoky Lake:				
Street Address:				
Legal Subdivision: Part of: Section: Township: 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  Service Information: Amps:	
☐ Industrial	☐ Temporary Service		Service Information: Amps:  Volts:	
☐ Institutional	☐ Other		Phase:	
Square Feet:			<u> </u>	
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 \$150 per inspection (plus Levy).    (Applicant Signature)   ROUGH IN AND   Required   Other:     *SFD applications with a value of work over \$2,500 must have 2 stages of inspection     Additional selected inspections will be charged at \$150/ Inspection (plus Levy)				
		T	TICLOFFICE USE ONLY	
Payment Type: Cash Cheque C/C Agreement Interac TIGI OFFICE USE ONLY  Issuing Officer's Name:				
Permit Fee: \$				
+ SCC Levy*: \$	Issuing Officer		Signature:	
Total Cost: \$	Receipt #: Designation Nu		mber:	
*\$4.50 or 4% of the permit fee maximum \$560.00		Permit Issue Date:DD / MMM / YYYY		

REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL FOR INSPECTIONS ALLOWING TWO 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.