

**Town of Legal**

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 Legal AB T0G 1L0
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PERMIT STICKER

The Inspections Group Inc.

12010 111 Avenue
 Edmonton, AB T5G 0E6
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 www.inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION FORM

Permit Number: _____

Tax Roll Number: _____

Application Date(Y/M/D): _____

Estimated Completion Date (Y/M/D): _____

Permit Type: Owner Contractor

Cost of Installation (Labour & Materials) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall be commenced within 90 days and expires after one year without an extension request.

Owner Name: _____ **Address:** _____

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

Cell: _____ 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 on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Contractor Name: _____ **Address:** _____

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

Cell: _____ Email: _____

Master Electrician Number

Master Electrician Name

Master Electrician Signature

Project Location in The Town of Legal:

Street Address: _____

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 NoSupply Service: Overhead Underground

Service Information: Amps: _____

Volts: _____

Phase: _____

Description of Work: _____

Payment Type: Cash Cheque C/C Agreement On File Interac

Permit Fee: \$ _____

+ SCC Levy* \$ _____

Total Cost: \$ _____ **Receipt #:** _____

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

OFFICE USE ONLY

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: _____

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.

Please contact The Inspections Group Inc. via Phone 780 454 5048, Fax 780 454 5222 or online www.inspectionsgroup.com for all inspection requests, allowing two working days notice.