

Town of Bon Accord PO Box 779 BON ACCORD AB TOA 0K0 Phone: 780 921 3550 Fax: 780 921 3585 www.bonaccord.ca

The Inspections Group Inc.

12010 – 111 Avenue EDMONTON AB T5G 0E6 Phone: 780 454 5048 Toll Free: 1 866 554 5048 Fax: 780 454 5222 Toll Free: 1 866 454 5222 www.inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY		Estimated	Estimated Project Completion Date: DD / MMM / YYYY	
Applicant Type: Homeowner Contractor The Permit Holder hereby certifies that this installation will be completely of issue of the permit, (b) is suspended or abandoned for a period	eted in accordance with the Alberta Safe od of 120 days. An extension can be cons	Cost of Ins ty Codes Act. A perm idered when applied f	tallation (Labour & Material) it may expire if the undertaking to which it applies: (a) is not commenced within 90 or in writing prior to permit expiry date.	
Owner Name:	Maili	ng Address:		
City: Prov: _	Postal Code:	Pho	one: Fax:	
		Cell:	Email:	
Owner's Signature / Declaration (Single Family Reside "I hereby declare I am the owner of the premises in which for compliance with the applicable Act and Regulations"	ential Only)		on the property. I am doing the work myself, and assume responsibility	
Company Name:	Maili	ng Address:		
City: Prov: _	Postal Code:	Pho	one:Fax:	
Cell: Email:				
Master Electrician Number Master Electrician Name		е	Master Electrician Signature	
Project Location in the Town of Bon Accord: Street Address:			Tax Roll #:	
Legal Subdivision: Part of: Section	on: Township	D:	Range: West of:	
Subdivision Name:	Lot:	Bloc	k: 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		SUPPLY SERVICE: Overhead Underground	
Residential	Connection		Service Information: Amps:	
	Temporary Service		Volts:	
	☐ Other		Phase:	
Square Feet:				
Description of Work:				
I the permit applicant understand and acknowledge the inspection stages will take place at my request. Any inspections requested may be charged at a rate of inspection (plus Levy). (Applicant Signature)	additional Accept Accept Decline *Homeowner applic *Contractors may s	cants must select	Accept Other: Decline 2 stages of inspection	
Payment Type: Cash Cheque C/C	Agreement 🗌 Interac	Issuing Officer's	TIGI OFFICE USE ONLY s Name:	
Permit Fee: \$			s Signature:	
+ SCC Levy*: \$	Designation Number:			
Total Cost: \$	Receipt #: Permit Issue Dat		te:DD / MMM / YYYY	
*\$4.50 or 4% of the permit fee maximum \$560.00			IG 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.	
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PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL FOR INSPECTIONS ALLOWING 2 - 5 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.