

Town of Tofield

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The Inspections Group Inc.

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ELECTRICAL PERMIT APPLICATION FORM

Application Date: _ DD / MMM / YYYY		Estimated Project Completion Date:DD / MMM / YYYY		
Applicant Type: Homeowner Contract	etor	Cost of In	stallation (Labour & Material) \$	
The Permit Holder hereby certifies that this installation will be com days of issue of the permit, (b) is suspended or abandoned for a pe	pleted in accordance with the Alberta Safety priod of 120 days. An extension can be consi	y Codes Act. A permit dered when applied fo	may expire if the undertaking to which it applies: (a) is not commenced within 90 r in writing prior to permit expiry date.	
Owner Name:	Maili	ing Address:		
City: Pro	v: Postal Code:	Pho	one: Fax:	
_			Email:	
Owner's Signature / Declaration (Single Famil "I hereby declare I am the owner of the premises in which the vapplicable Act and Regulations"	y Residential Only)		I am doing the work myself, and assume responsibility for compliance with the	
Company Name: Mailing Address:				
City:Pro	v: Postal Code:	Pho	one:Fax:	
Cell: Email:				
Master Electrician Number	Master Electrician Na	ame	Master Electrician Signature	
Project Location in the Town of Tofield:				
Street Address:			Tax Roll #:	
Legal Subdivision: Part of: Se	ction: Townshi	p:	Range: West of:	
Subdivision Name:	Lot:	Bloo	k: 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	
☐ Industrial	☐ Temporary Service		Service Information: Amps:	
☐ Institutional	☐ Other		Volts:	
Square Feet:			Phase:	
Description of Work:				
I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspection (plus Levy). Accept Accept Accept Decline				
Payment Type: Cash Cheque C		ĺ	TIGI OFFICE USE ONLY	
, <u>, </u>	J	Issuing Office	's Name:	
Permit Fee: \$		Issuina Office	r's Signature:	
+ SCC Levy*: \$			umber:	
Total Cost: \$	Peceint #:		Date:DD / MMM / YYYY	
*\$4.50 or 4% of the permit fee maximum \$560.00		remnit issue L	Pale:/ INIMIN / IIII	