Print Form

SUPERIOR SAFETY CODES INC.
PERMITS & INSPECTIONS

Electrical Permit Application

Permit Label

Other Required Permits: ☐ ***Building*** ☐ ***Plumbing*** ☐ ***Gas*** ☐ ***PSDS*** **Supply Service Required:** ☐ Yes ☐ No

Permit Type: ☐ Owner ☐ Contractor **Development Permit Number:** _____

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

Owner: _____ Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone: _____

Cell Number: _____ Email Address: _____ Fax: _____

Contractor: _____ Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone: _____

Cell Number: _____ Email Address: _____ Fax: _____

Project Location: **Name of Municipality:** _____

Street or Rural Address: _____ Subdivision or Hamlet Name: _____

Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____

Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____

Directions: _____

Project Information: ☐ Commercial ☐ Residential ☐ Multi Family ☐ Industrial ☐ Institutional ☐ Oil & Gas ☐ Farm

Type of Work: ☐ New ☐ Renovation ☐ Addition ☐ Accessory Building ☐ Basement Dev. ☐ Connection Only ☐ Temp Service ☐ Other

Type of Service: Amps: _____ Voltage: _____ Phase: _____ ☐ U/G ☐ O/H

Detailed Description of Work:

Main Floor: _____ sq. ft.
2nd Floor: _____ sq. ft.
Dev. Basement: _____ sq. ft.
☐ Yes ☐ No
Garage: _____ sq. ft.
☐ Detached ☐ Attached

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. The personal information provided as part of this application is collected under the Safety Codes Act and in accordance with section 4(c) of the Protection of Privacy (POPA) 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.

Master's Name (Please print) _____ Master's Signature _____ Homeowner's Signature (Homeowner permits only) _____

Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.

Master's Certification Number _____

Project Value (Materials & Labour)**: $**_____ **Total Developed Area:** _____Sq. Ft

Permit Fee: $_____ ***SCC Levy: $**_____ **TOTAL FEE: $**_____

***SCC Levy is 4% of the permit fee with a minimum of $4.50 and a maximum of $560**

Payment Method: ☐ Visa ☐ M/C ☐ Debit ☐ Cheque ☐ Cash Authorization / Cheque Number _____

Credit Card #: _____ CVV# _____ Expiry Date: _____ Date of Authorization: _____

Name of Cardholder: _____ Signature of Cardholder: _____

Permit Validation Section ***to be completed by the Permit Issuer*****:** **Inspecting SCO:** _____

Permit Conditions: **Call for inspection at the stage(s) indicated:** ☐ *Service* ☐ *Rough-in before covering* ☐ *Final before occupancy*

Permit Issuer's Name (print or type) _____ Permit Issuer's Signature _____

Permit Issuer's Designation Number: _____ Permit Issue Date: _____ Permit Expiry Date: _____

Calgary	25, 2015 – 32 Avenue NE	T2E 6Z3	Ph: 403.717.2344	Toll Free Ph: 1.888.717.2344	Fax: 403.717.2340	Toll Free Fax: 1.888.717.2340
Edmonton	100. 14535 – 118 Avenue	T5L 2M7	Ph: 780.489.4777	Toll Free Ph: 1.866.999.4777	Fax: 780.489.4711	Toll Free Fax: 1.866.900.4711
Red Deer	Unit 1, 158 Queens Drive	T4P 0R4	Ph: 403.358.5545	Toll Free Ph: 1.888.358.5545	Fax: 403.358.5085	Toll Free Fax: 1.866.358.5085
Lethbridge	422 North Mayor Magrath Dr.	T1H 6H7	Ph: 403.320.0734	Toll Free Ph: 1.877.320.0734	Fax: 403.320.9969	
Lloydminster	102, 1724 – 50 Avenue	T9V 0Y1	Ph: 780.870.9020	Fax: 780.870.9036		

Email: info@superiorsafetycodes.com

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