



Lac La Biche County
 P.O. Box 1679, Lac La Biche, AB T0A 2C0
 Phone: (780) 623-1747
 Fax: (780) 623-2039

The Inspections Group
 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

ELECTRICAL PERMIT APPLICATION

Permit Taken: Owner Contractor Permit Number: _____ File Number: _____

Date of Application (Y/M/D) ____/____/____ E-site Number: _____ Roll Number: _____

Rating of Service: Voltage _____ Amperes _____ Phase _____
 Method of Wiring: NMS Cable Conduit Armoured Cable
 Does this installation require a Service Connection? Yes No
 Supply Service Required will be: Overhead Underground Pad Transformer Temporary

Brief Description of Installation: _____

Project Installation Address _____
 Legal: Lot ____ Blk ____ Plan _____ **OR** Part of ____ 1/4Sec ____ Twp ____ Rg ____ W of ____
 Subdivision Name (if applicable) _____ Approximate Completion Date: (Y/M/D) ____/____/____
 Cost of Installation (labour plus materials) \$ _____

Wiring Information: New Renovations/Additions Residential Commercial
 Industrial Institutional Other _____

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

SIGNATURE: Owners Declaration (Home Owner Permits Only)
 I hereby declare that I am the Owner of the premises in which the work will be conducted and reside in the residence. I am performing the electrical work myself, and assume responsibility for compliance with all applicable Acts, Codes & Regulations.
 Name _____
 Phone No. () _____ Cell No. () _____
 Fax No. () _____
 Mailing Address _____
 City _____
 Province _____ Postal Code _____
 Email _____

SIGNATURE: Master Electrician
 Master Electrician _____
 Master No. _____
 Company Name _____
 Phone No. () _____ Cell No. () _____
 Fax No. () _____
 Mailing Address _____
 City _____
 Province _____ Postal Code _____
 Email _____

Type of Payment: MC VISA INTERAC CASH CHEQUE
 Card No. _____ Expiry Date _____
 Card Holder Name _____
 Card Holder Signature _____
 Permit Fee \$ _____ + SCC Levy \$ _____
 SCC Fee: \$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00
 Total Fees \$ _____ Receipt # _____

AUTHORIZATION

Issuing Officer Name _____
 Designation # _____
 Issuing Officer's Signature _____
 Date Issued _____

Please contact The Inspections Group at (780) 454-5048 Toll free: 1-866-554-5048 Fax: (780) 454-5222 for inspections allowing two working days notice!

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.