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## **Electrical Permit Application**

Permit Label

Other Permits Required: Building Plumbing G  Permit Type: Owner Contractor  Application Date (M/D/Y):	Development Per	Supply Service Required: Yes Normit Number:	
Owner:			—
City: Prov.:			
Cell Number:Fax:	Email Address: _		
Contractor:	Mailing Address:		
City: Prov.:	Postal Code:	Phone:	
Cell Number: Fax:	Email Address: _		
Project Location: Name of Municipality:			
Street or Rural Address:			
Unit or Suite #: Lot: Block: Plan:	Ta	x Roll #:	_
Legal Subdivision: Part of: 1/4 Sect: Twp	o: Rge:	W of:	
Directions:			-
Type of Work: New Renovation Addition Accessory  Service: Amperes: Voltage: Phase:  Detailed Description of Work:  Permit Applicant Declaration: The permit applicant certifies that this instate and work will commence within 90 days. The permit applicant/owner acknowledge not liable for any decision related to the system of inspections, examinations, even	allation will be completed in accesses that as per Section 12(2) of aluations and investigations inc	Main Floor:	t. t. t. ns
and the manner in which they are carried out. The personal information provided	d on this form is protected by the	e Freedom of Information and Protection of Privacy Act.	
Master's Name (Please print)  Master's Signa	ature	Homeowner's Signature (Homeowner permits only)	_
Master's Certification Number		Homeowner Declaration: By signing this permit I herek certify that I own or will own and occupy this dwelling.	•
Project Value (Materials & Labour): \$		Total Developed Area:Sq. F	-t
Permit Fee: \$ *SCC Levy: \$ TOT	TAL FEE: \$	*SCC Levy is 4% of the permit fee with a	
Payment Method: Visa M/C Debit Cheque Cash			
Credit Card #:	Expiry Date:	Cheque Number	
Name of Cardholder:	Signature of Cardholder: _		
Permit Validation Section to be completed by the Permit Issuer:  Special Conditions:			
Permit Issuer's Name (print or type)	Permit Issuer's Signature		-
Permit Issuer's Designation Number:	Date of Issue (M/D/Y):		_

