



ELECTRICAL PERMIT APPLICATION TO INSTALL

Phone: 780-418-6601
Fax: 780-458-1974

Complete Form - Save to a File - Then E-Mail to: BIS@stalbert.ca

Date: _____ 20____ Business Licence #. _____

Location: _____ **Unit #** _____

Property Owner Name: _____ Phone: _____

Owner / Applicant: _____ Phone: _____

Address: _____ City: _____

Postal Code: _____ ***Email:** _____ (or Contractor Email below)

NOTE: Homeowner Applications shall be reviewed by an Inspector prior to issuance.

Electrical Contractor: _____ Phone: _____

Address: _____ City: _____ Fax: _____

Postal Code: _____ ***Email:** _____

*** Mandatory Field**

Master Electrician: _____ **Master Number:** _____

NOTE: Applications for Electrical Permit without a Master Electrician and Master Number shall be reviewed by the Inspector prior to issuance

GENERAL INFORMATION

1. New Renovations/ Additions Annual Inspection / Investigation Temp. Service Service Change

2. Residential Commercial Industrial Institutional Basement Suite

3. **For Residential Only:** Basement Development Addition Garage Alteration Other

4. Installation Cost (Commercial) \$ _____ Square Footage (Residential) _____

SERVICE CONNECTION PERMIT DESCRIPTION

New Electrical Service Connection? YES NO Rating: Voltage _____ Amperes _____ Phase _____

Supply Service required will be: Overhead Underground None

Solar, Wind and Alternative Energy System Wiring and Connection to Existing Electrical Service

Brief Description of Installation: _____

WIRING PERMIT DESCRIPTION

Method of Wiring: NMD Cable Conduit Armoured Cable

Brief Description of Installation: _____

FEES DUE: (FOR OFFICE USE ONLY)	METHOD OF PAYMENT:	<p>Inspection Requests Contact Building Inspection Services to request inspections prior to covering the work.</p> <p>Phone: 780-418-6601 24 Hr Inspection Request Line: 780-459-1652 Fax: 780-458-1974</p> <hr/> <p><u>Collection and use of personal information</u> <i>The information on this form is collected by the City of St. Albert for the purpose of processing permit applications. The use, retention and/or disclosure of such information shall be in strict compliance with the Freedom of Information and Protection of Privacy Act (and any other legislation governing the use and disclosure of information).</i></p>
Service Fees \$	<input type="checkbox"/> Credit Card on File	
Wiring Fees \$	<input type="checkbox"/> Please contact me on the Fee Total prior to charging my credit card	
Safety Code Fees \$	<input type="checkbox"/> Cheque Enclosed	
TOTAL FEES \$	<input type="checkbox"/> Call for Payment	
TOTAL # OF ELECTRICAL PERMITS:	<input type="checkbox"/> Other	

PERMITS MUST BE OBTAINED PRIOR TO COMMENCING WORK
 RESPONSIBILITY OF THE CONTRACTOR

Neither the granting of a permit, nor the approval of plans and specifications, nor inspections by a Safety Codes Officer shall in any way relieve the owner from full responsibility for carrying out the work in strict accordance with the Safety Codes Act.

CREDIT CARD AUTHORIZATION

To: Development Services
The City of St. Albert
5 St. Anne Street
St. Albert, AB T8N 3Z9

Phone: 780-459-1642
780-459-1654

Fax: 780-458-1974

This is to authorize the City of St. Albert, Development Services, to charge my credit card for application and permit fees.

Payment Method: VISA / M/C / AMEX

Name of Cardholder: _____

Credit Card #: _____

Expiry Date: _____

CVV# / CVC# / CCV#: _____



5 St. Anne Street
St. Albert, AB T8N 3Z9
Phone: 780-459-1642
Email: bis@stalbert.ca

CITY OF ST. ALBERT OWNER'S AUTHORIZATION

Date: _____

File No.: _____

MUNICIPAL GOVERNMENT ACT, RSA, 2000, CHAPTER M-26

(PLEASE PRINT)

I, _____ *(owner's name)*

of _____ *(company, if applicable)*

being the registered owner of _____ *(civic address)*

_____ *(legal description)*

do hereby allow _____ *(applicant – please print)*

To make application for:

Development Permit
**(Includes, but is not limited to: Sign Permits,
Change of Use and/or New Occupancy, etc.)**
_____ *(other description if required)*

**Permits issued under the Safety Codes Act
(Building, Electrical, Plumbing, Gas & HVAC)**

(owner's name – please print)

(owner's signature)

(applicant's name – please print)

(applicant's signature)

Collection and use of personal information

Personal information is collected under the authority of s. (33) of the Freedom of Information and Protection of Privacy Act (FOIP) and is managed in accordance with the provisions of FOIP. This information will be used for the purposes listed above. If you have any questions about the collection, use or disclosure of this information, contact the Director of Planning and Development, St. Albert at 780-459-1642.