



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

ELECTRICAL PERMIT APPLICATION TO INSTALL

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

- New Renovations/ Additions Annual Inspection / Investigation Temp. Service Service Change
- Residential Commercial Industrial Institutional Basement Suite
- For Residential Only:** Basement Development Addition Garage Alteration Other
- 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:	Inspection Requests Contact Building Inspection Services to request inspections prior to covering the work.
Service Fees	\$ _____	<input type="checkbox"/> Credit Card on File	Phone: 780-418-6601
Wiring Fees	\$ _____	<input type="checkbox"/> Please contact me on the Fee Total prior to charging my credit card	24 Hr Inspection Request Line: 780-459-1652
Safety Code Fees	\$ _____	<input type="checkbox"/> Cheque Enclosed	Fax: 780-458-1974
TOTAL FEES	\$ _____	<input type="checkbox"/> Call for Payment	Collection and use of personal information
TOTAL # OF ELECTRICAL PERMITS:		<input type="checkbox"/> Other	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).

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: Planning & Engineering
The City of St. Albert
5 St. Anne Street
St. Albert, AB T8N 3Z9

Phone: 780-459-1654
Email:development@stalbert.ca

Effective January 1, 2026, the Planning and Engineering Department will begin applying a non-refundable credit card processing fee to all payments made by credit card. To avoid this fee, payment may be made by debit card, cash, or cheque.

Authorization: By signing this form, I authorize the City of St. Albert, Planning and Engineering Department, to charge the provided credit card for the cost of application/permit fees and the credit card processing fee.

Payment Method: VISA M/C OTHER _____

Name of Cardholder (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Security Number (CVV): _____

Signature of Cardholder: _____ Date: _____

Collection and use of personal information

Personal information provided in submissions relating to Planning and Engineering applications is collected under the authority of Section 4(c) of the Protection of Privacy Act, SA 2024, c P-28.5, as amended, for the purpose of processing payment for the applications. Information collected will be treated in accordance with Part 1 of the Protection of Privacy Act. If you have questions regarding the collection and use of your personal information, please contact the Director of Planning and Development, St. Albert at 780-459-1642 or the City's Access and Privacy Coordinator at atia@stalbert.ca or 780-418-6663.



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.