



# 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)

Service Fees	\$
Wiring Fees	\$
Safety Code Fees	\$
TOTAL FEES	\$
TOTAL # OF ELECTRICAL PERMITS:	

## METHOD OF PAYMENT:

- ☐ Credit Card on File
- ☐ Please contact me on the Fee Total prior to charging my credit card
- ☐ Cheque Enclosed
- ☐ Call for Payment
- ☐ Other

**Inspection Requests**  
Contact Building Inspection Services  
to request inspections  
prior to covering the work.

Phone: 780-418-6601  
24 Hr Inspection Request Line: 780-459-1652  
Fax: 780-458-1974

### Collection and use of personal information

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](mailto: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](mailto:atia@stalbert.ca) or 780-418-6663.

**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.