



5 St. Anne Street
St. Albert, AB T8N 3Z9
Phone: 780-459-1642
Fax: 780-458-1974

OWNER'S DECLARATION
ELECTRICAL – GAS – PLUMBING – HVAC PERMITS

PLEASE PRINT

Date: _____

I, _____
(Owner's Name)

being the registered owner of _____
(Address)

I HEREBY DECLARE THAT I AM THE OWNER OF THE PREMISES IN WHICH THE WORK WILL BE CONDUCTED AND RESIDE IN THAT RESIDENCE. I WILL PERSONALLY PERFORM ALL WORK INVOLVED MYSELF AND/OR ASSUME RESPONSIBILITY FOR COMPLIANCE WITH ALL APPLICABLE ACTS, CODES & REGULATIONS. I ALSO UNDERSTAND THAT I MAY BE CHARGED EXTRA FEES SHOULD ADDITIONAL INSPECTIONS BE REQUIRED.

To make application for: Electrical Permit

I have read and understand the extent of work to be completed by the homeowner as explained in the Electrical Permits Homeowner Information sheet and as authorized by this permit.

- Gas Permit
- Plumbing Permit
- HVAC Permit

(Owner's Signature)

Safety Codes Officer Authorization _____
(Safety Codes Officer Signature)

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).