**Town of Vermilion**
5021 49 Avenue
Vermilion, AB T9X 1X1
Phone: 780 853 5358
Fax: 780 853 4910
www.vermilion.ca

Permit Sticker

**The Inspections Group Inc.**
12010 – 111 Avenue NW
Edmonton, AB T5G 0E6
Phone: 780 454 5048 / 866 554 5048
Fax: 780 454 5222 / 866 454 5222
www.inspectionsgroup.com

# ELECTRICAL PERMIT APPLICATION FORM

**Application Date:** DD / MMM / YYYY **Estimated Project Completion Date:** DD / MMM / YYYY

**Applicant Type:** ☐ **Owner** ☐ **Contractor** **Cost of Installation (Labour & Material) $**_____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. This permit expires after 90 days without an extension request.

**Owner Name:** _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

_____ Cell: _____ Email: _____

**Owner's Signature / Declaration (Single Family Residential Only)**

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

**Contractor Name**: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

| Master Electrician Number | Master Electrician Name | Master Electrician Signature |
|---|---|---|
| | | |

**Project Location in The Town of Vermilion:**

Street Address: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

Directions: _____

**BUILDING TYPE:**

☐ Single / Multi Family Dwelling
☐ Commercial
☐ Residential
☐ Industrial
☐ Institutional

Square Feet: _____

**TYPE OF WORK:**

☐ New Work
☐ Renovation
☐ Connection
☐ Temporary Service
☐ Other

_____

**SERVICE INFORMATION:**

Does this installation Require a Service Connection
☐ Yes ☐ No

**SUPPLY SERVICE**: ☐ Overhead ☐ Underground

Service Information: Amps: _____
Volts: _____
Phase: _____

**Description of Work:** _____

**Payment Type**: ☐ Cash ☐ Cheque ☐ C/C Agreement ☐ Interac

**Permit Fee: $**_____

**+ SCC Levy*:$**_____

**Total Cost: $**_____ Receipt #: _____

*$4.50 or 4% of the permit fee maximum $560.00

**TIGI OFFICE USE ONLY**

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: DD / MMM / YYYY

**PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.**

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.