



TOWN OF INNISFAIL
 4943-53RD STREET INNISFAIL, ALBERTA T4G 1A1
 TELEPHONE (403) 227-3376 Fax (403) 227-4045

ELECTRICAL PERMIT

Permit Number: _____ Land File: _____

Premises Owned By: _____ Phone: _____

Premises Occupied By: _____ Date: _____

Civic Address: _____

Legal Description: Lot: _____ Block: _____ Plan: _____

Does This Installation Require a Service Connection? Yes No

Type of Occupancy: Residential Commercial Industrial

<u>Type of Work</u>		<u>Type of Building Or Installation</u>		<u>Use of Building(s)</u>	
New	<input type="checkbox"/>	Single	<input type="checkbox"/>	Institutional	<input type="checkbox"/>
Rewire	<input type="checkbox"/>	Multiple Family	<input type="checkbox"/>	Public Service	<input type="checkbox"/>
Additions	<input type="checkbox"/>	Temporary Service	<input type="checkbox"/>	Retail / Wholesale	<input type="checkbox"/>
Connections	<input type="checkbox"/>	(For Construction)		Service / Office	
Electrical	<input type="checkbox"/>	Hazardous Location	<input type="checkbox"/>	Other	<input type="checkbox"/>
Utility		(Wiring)			
Sign / Outline	<input type="checkbox"/>	Relocatable Unit	<input type="checkbox"/>		
Lighting	<input type="checkbox"/>	Other	<input type="checkbox"/>		
Other	<input type="checkbox"/>				

Full Description of Installation: _____

Plans are required on any installation involving assembly, institutional, business and personal services, mercantile, high, medium and low hazard industrial.

Contractor Declaration:

I hereby certify that installation will be completed in accordance with the act and regulations:

Master Electrician _____ Master No. _____

Contractor / Firm name: _____

Address: _____ Postal Code: _____

Phone Number: _____ Signature: _____

Residential Owners Installations:

“I hereby state that I am the owner of the premises in which this system will be installed and that I am residing on the property. I further state that I intend to do this installation myself and assume full responsibility for insuring that the installation is in accordance with the act and regulations.”

Signature of Applicant: _____ Date: _____

Address: _____ Postal Code: _____ Phone: _____

<u>Contractor Installation</u>		<u>Residential Owners Installations</u>	
Cost of Electrical Installation	\$ _____	Value of Materials	\$ _____
Permit Fees	\$ _____	Permit Fees	\$ _____
Safety Codes Fee	\$ _____	Safety Codes Fee	\$ _____
Total Permit Fees	\$ _____	Total Permit Fees	\$ _____

Authorized By: _____ Date: _____