Summer Village of Kapasiwin
PO Box 9
Kapasiwin, AB T0E 2Y0
Phone: 780 892 2684
www.kapasiwinalberta.com

PERMIT STICKER

The Inspections Group Inc.
12010 111 Avenue
Edmonton, AB T5G 0E6
Phone: 780 454 5048 Toll Free: 1 866 554 5048
Fax: 780 454 5222 Toll Free: 1 866 545 5222
www.inspectiongroup.com

ELECTRICAL PERMIT APPLICATION FORM

Application Date (Y/M/D): _____ **Estimated Completion Date (Y/M/D):** _____

Permit Applicant: ☐ **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. Section 25(1) of the Permit Regulation AR 204/2007 of the Safety Codes Act RSA 2000, Chapter S-1 states: "A permit expires if the undertaking to which it applies: (a) Is not commenced within 90 days from the date of issue of the permit, (b) Is suspended or abandoned for a period of 120 days."

Owner Name: _____ 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 on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Contractor Name: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____Fax: _____

Cell: _____ Email: _____

_____ _____ _____
Master Electrician Number Master Electrician Name Master Electrician Signature

Project Location in The Summer Village of Kapasiwin:

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 ☐ Credit Card Agreement ☐ On File

Credit Card #: _____ Expiry: _____

Permit Fee: $_____ + **SCC Levy***: $_____

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

*$4.50 or 4% of the permit fee (whichever is greater) maximum $560.00

TIGI OFFICE USE ONLY

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: _____

PLEASE CONTACT THE INSPECTIONS GROUP INC. 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.