

Electrical Permit Application



10001 - 84th Avenue, Clairmont, AB T8X 5B2
Phone: 780.513.3950 Fax: 780.539.7686
Email: plan@countypg.ab.ca

Permit Number: _____

Application Date: _____ Development Permit Number: _____
Permit Type: Owner Contractor Building Permit No.: _____
Other Permits/Applications Required: Development Building Gas Plumbing PSDS

Landowner: _____
Mailing Address: _____
City: _____ Province: _____
Postal Code: _____ Phone: _____
Fax: _____ E-mail: _____

Applicant: _____
Mailing Address: _____
City: _____ Province: _____
Postal Code: _____ Phone: _____
Fax: _____ E-mail: _____

Contractor Name: _____
Mailing Address: _____
City: _____ Province: _____
Postal Code: _____ Phone: _____
Fax: _____ E-mail: _____
Master Electrician's Name: _____
Master Certification Number: _____

Legal: Lot: _____ Block: _____ Plan: _____
Part of: _____ 1/4 Sec: _____ Twp: _____ Rng: _____ W6M

Civic/Rural Address: _____
Subdivision Name: _____

Estimated Start Date: _____ Estimated Completion Date: _____

Type of Work: New Construction Basement Development Connection
 Garage Accessory Building Renovation Alteration
 Addition Temporary Other _____

**Please check all that apply*

Intended Use: Agricultural Residential Commercial Industrial
 Institutional Other _____

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Installation Details: Supply Service Required: Yes No

Type of Supply Service:

Overhead Underground Temporary Pad Transformer

Cost of Installation (Labour and Materials):

Total Developed Area: _____ sqft/sqm

Wiring Details:

Voltage: _____

Amperes: _____

Phase: _____

Description of Work:

Permit Applicant Declaration: The permit applicant hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations, all applicable Codes, and Municipal Bylaws. Work shall commence within 90 days from the date of the issuance of the permit and expires in accordance with the County of Grande Prairie No.1's Uniform Quality Management Plan (QMP) without extension request. If the work authorized by the permit is suspended or abandoned for a period of 120 days at any time after the work has commenced, the permit will expire.

The personal information on this form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act, Section 642 of the Municipal Government Act and /or the Safety Codes Act. The information will be used to process the application(s) and the names &/or address of where the development /use is being proposed may be made available to the public upon request or at a Public Council Meeting. If you have any questions on the collection and use of the information; please contact the FOIP Representative at 780-532-9722.

In the event that this permit is taken out to complete works started under a cancelled permit for the specific project, the applicant assumes responsibility that any previous work started for the project is completed in accordance with Safety Codes Standards by time of project completion.

I hereby certify that I am the owner or owner's agent of the property for this application. I have read and understood the statements printed on this form. I agree to all applicable laws in this jurisdiction.

Applicant Name (Please Print)

Applicant Signature

Application Fee:

WEMBLEY Portion of Permit Fee:	WMLB
COUNTY Portion of Permit Fee:	WMRV
Penalty:	CR42
Permit Fee Subtotal:	
Safety Codes Council Levy:	CR95
Other Fee:	
Total Fee:	

Payment Method: Cash Debit Cheque Visa MasterCard Money Order Invoice