## **TOWN of SEXSMITH**



## **Electrical Permit Application**

9921-100 Street, Box 420 Sexsmith T0H 3C0 Ph: 780-568-0215 Fax: 780-568-2200 www.sexsmith.ca /assistcao@sexsmith.ca

Permit Number: **PREL** Roll Number:

Application Date: Permit Type: Other Permits/Applicat	Development Permit Number:  Owner Contractor Building Permit No.:  ions Required: Development Building Gas Plumbing PSDS					
Landowner:						
Mailing Address:				Province:		
	City:					
	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 Works	☐ New Constru	ction $\square$ D	acomont Do	wolonmont	☐ Connection	
Type of Work:	☐ Garage	Accessory Bu	asement De	Renovation	☐ Alteration	
	☐ Garage ☐ Addition	☐ Tempora	_	Other	LI AILEI ALIUII	
*Please check all that apply		— тетірога	' У			
Intended Use:	☐ Agricultural ☐ Institutional	☐ Reside ☐ Other	ntial	☐ Commercial	☐ Industrial	

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SEXSMITH	Permit Number: PREL	Roll Number:		
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/s	sqm	
Wiring Details:	Voltage:			
··· <b>C</b>	Amperes:			
	Phase:			
Description of Work:				
authorized by the pern commenced, the perm TThe personal informa Privacy Act, Section 64 used to process the apmay be made available the collection and use I hereby certify that I a understood the statem	irie No.1's Uniform Quality Management Plar mit is suspended or abandoned for a period on the suspended or abandoned for a period on the will expire.  ation on this form is collected under the authors of the Municipal Government Act and /or oplication(s) and the names &/or address of the to the public upon request or at a Public Corof the information, please contact the Private am the owner or owner's agent of the propements printed on this form. I agree to all apprinted (Please Print)	of 120 days at any tire hority of Section 4(c) of the Safety Codes Act where the developme ouncil Meeting. If you acy Officer at 780-532 erty for this application	of the Protection of the Interest of the Protection of the Interest on will be nent /use is being proposed ou have any questions on 2-9722.  on. I have read and jurisdiction.	
Аррисанстван	ie (Please Print)	Αμμιισαιτ .	Signature	
Application Fee:	SEXSMITH Portion of Permit Fee:			
/ <b>*PP</b> ****	COUNTY Portion of Permit Fee:	SSRV		
I	Penalty:			
I	Permit Fee Subtotal:			
I	Safety Codes Council Levy:	CR95		
1	Other Fee:			
I	Total Fee:			
Payment Method:	☐ Cash ☐ Debit ☐ Cheque ☐ Money C	Order 🗆 Invoice		