

TOWN of BEAVERLODGE

Electrical Permit Application



400 - 10 ST, Beaverlodge, AB TOH OCO Phone:
780.354.2201 Fax: 780.354.2207
www.beaverlodge.ca

Permit Number: **PREL**

Roll 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 Town of Beaverlodge'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.

Personal information collected on this form will be used for the purpose of processing the application(s). This collection is authorized by Section 4(c) of the Protection of Privacy Act and section 642 of the Municipal Government Act and/or the Safety Codes Act. The information collected will be subject to the Access to Information Act and may be available to the public via Council meeting attendance or Council discussions that are video recorded and available to the public on the County website. If you have any questions on the collection and use of the information; please contact the Access and Privacy Representative at 780-354-2201.

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:	Beaverlodge Portion of Permit Fee:	
	COUNTY Portion of Permit Fee:	BLPF
	Penalty:	
	Permit Fee Subtotal:	
	Safety Codes Council Levy:	CR95
	Other Fee:	
	Total Fee:	
Payment Method:	☐ Cash ☐ Debit ☐ Cheque ☐ Money Order ☐ Invoice	