



PERMIT LABEL

ESITE #: 333333 _____

CONTRACTOR ELECTRICAL PERMIT APPLICATION

Application Date: _____ Development Permit # _____

Property Owner Name: _____
 Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
 Phone: _____ Cell: _____
 E-mail: _____

Electrical Contractor (Applicant): _____
 Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
 Phone: _____ Cell: _____
 E-mail: _____
 Master Certification # _____ Electrician Name (Printed): _____
 Electrician Signature: _____

PROJECT LOCATION:

Municipal Address: _____
 Legal Address: Lot/Unit _____ Block _____ Plan _____
 Subdivision Name (if applicable) _____ Tax Roll # _____
 Directions/Comments: _____

PROJECT INFORMATION:

Estimated Start Date: _____ Estimated Completion Date: _____

TYPE OF OCCUPANCY	TYPE OF WORK	DESCRIPTION OF WORK
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Renovation <input type="checkbox"/> Service Connection Only <input type="checkbox"/> Alteration <input type="checkbox"/> Other: _____ _____ _____	Service Type: <input type="checkbox"/> New <input type="checkbox"/> Temporary Supply Service Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Supply Service: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Temporary <input type="checkbox"/> Pad Transformer Volts: _____ Amps: _____ Phase: _____ Total Developed Area: _____ Value (Labour & Materials): \$ _____

DESCRIPTION OF WORK: _____

The Permit Holder hereby certifies that this installation shall be completed in accordance with Alberta Safety Codes Act and Regulations and shall commence within 90 days.

APPLICANT NAME (PRINT): _____ **SIGNATURE:** _____

For Office Use Only: (SSCI\$ _____ +Town\$ _____) = Permit Fee \$ _____ + SCC Levy \$ _____ = TOTAL FEE \$ _____

Submit permit applications to The Town of Vulcan
 321-2nd Street South – Box 360 – Vulcan AB T0L 2B0 – Phone 403-485-2417/Fax 403-485-2914/email admin@townofvulcan.ca – www.townofvulcan.ca
 For inspections, please contact Superior Safety Codes at
 #25, 2015 – 32 Avenue N.E. Calgary, AB T2E 6Z3 – Phone 1-888-717-2344/Fax 1-888-717-2340
www.Superior.safety.codes.com

The personal information provided as part of this application is collected under section 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. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact The Town of Vulcan at (403)485-2417

