



Village of Holden
 Box 357
 Holden, AB T0B 2C0
 Phone: (780) 688-3928
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The Inspections Group Inc.
 12010 – 111 Avenue
 Edmonton, AB T5G 0E6
 Phone: (780) 454-5048 Toll Free: (866) 554-5048
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 www.inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION FORM

Application Date: _____ Estimated Project Completion Date: _____

Applicant Type: Homeowner 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 Section 25(1) of the Permit Regulation states: "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days." An extension can be considered when applied for in writing prior to permit expiry date

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

Company Name: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

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

Project Location in the Village of Holden:
 Street Address: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

<p>BUILDING TYPE:</p> <p><input type="checkbox"/> Single / Multi Family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional</p> <p>Square Feet: _____</p>	<p>TYPE OF WORK:</p> <p><input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Temporary Service <input type="checkbox"/> Other</p>	<p>SERVICE INFORMATION:</p> <p>Does this installation Require a Service Connection <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SUPPLY SERVICE: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground</p> <p>Service Information: Amps: _____ Volts: _____ Phase: _____</p>
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Description of Work: _____

<p>Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> C/C Agreement <input type="checkbox"/> Interac</p> <p>Permit Fee: \$ _____</p> <p>+ SCC Levy*: \$ _____</p> <p>Total Cost: \$ _____ Receipt #: _____</p> <p><small>*\$4.50 or 4% of the permit fee maximum \$560.00</small></p>	<p>TIGI OFFICE USE ONLY</p> <p>Issuing Officer's Name: _____</p> <p>Issuing Officer's Signature: _____</p> <p>Designation Number: _____</p> <p>Permit Issue Date: ____ DD ____ MM ____ YYYY</p>
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REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.

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.