



Village of Holden
 PO Box 357
 Holden, AB T0B 4N0
 Phone: 780 688 3928
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PERMIT STICKER

The Inspections Group Inc.
 12010 111 Avenue
 Edmonton, AB T5G 0E6
 Phone: 780 454 5048 Toll Free: 1 866 554 5048
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 www.inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION FORM

Application Date (Y/M/D): _____

Estimated Completion Date (Y/M/D): _____

Permit Applicant: Owner 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 & Regulations. Section 25(1) of the Permit Regulation AR 204/2007 of the Safety Codes Act RSA 2000, Chapter S-1 states: "A permit expires if the undertaking to which it applies: (a) Is not commenced within 90 days from the date of issue of the permit, (b) Is suspended or abandoned for a period of 120 days." Please note that a onetime ninety (90) day extension can be considered when applied for in writing prior to a permit expiry date.

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

Contractor Name: _____ **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</p> <p><input type="checkbox"/> Commercial</p> <p><input type="checkbox"/> Residential</p> <p><input type="checkbox"/> Industrial</p> <p><input type="checkbox"/> Institutional</p> <p>Square Feet: _____</p>	<p>Type of Work:</p> <p><input type="checkbox"/> New Work</p> <p><input type="checkbox"/> Renovation</p> <p><input type="checkbox"/> Connection</p> <p><input type="checkbox"/> Temporary Service</p> <p><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: _____</p> <p style="text-align: right;">Volts: _____</p> <p style="text-align: right;">Phase: _____</p>
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Description of Work: _____

<p>Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card Agreement <input type="checkbox"/> On File</p> <p>Credit Card #: _____ Expiry: _____</p> <p>Permit Fee: \$ _____ + SCC Levy*: \$ _____</p> <p>Total Cost: \$ _____ Receipt #: _____</p> <p><small>*\$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00 levy</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: _____</p>
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PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

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.