



Electrical Permit Application

Town of Sundre
P.O. Box 420
Sundre, AB T0M 1X0
Phone: 403-638-3551 Fax: 403-638-2100

Permit Label

Other Permits to be Obtained: Building Plumbing Gas PSDS Supply Service Required: Yes No

Permit Type: Owner Contractor Development Permit Number: _____

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

Owner Name: _____ Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____
Alt Phone: _____ Email Address: _____ Fax: _____

Contractor: _____ Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____
Alt Phone: _____ Email Address: _____ Fax: _____

Municipality: **TOWN OF SUNDRE** Street Address: _____
Lot: _____ Block: _____ Plan: _____ Subdivision Name: _____
Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Tax Roll #: _____
Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional
Type of Work: New Renovation Addition Accessory Building Basement Dev. Connection Only Temp Service Other
Service: Amperes: _____ Voltage: _____ Phase: _____ Underground Overhead

Detailed Description of Work:

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The personal information is being collected under the authority of the Municipal Government Act Section 3, and will be used in the processing of this application. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act, Section 33. If you have any questions about the collection of or use of this personal information, please contact the FOIP Coordinator, 717 Main Avenue West, Box 420 Sundre, AB T0M 1X0 403-638-3551.

Master's Name (Please print) _____ Master's Signature _____ Homeowner's Signature (Homeowner permits only) _____
Master's Certification Number _____

Project Value (Materials & Labour): \$ _____ Total Developed Area: _____ Sq. Ft
Permit Fee: \$ _____ *SCC Levy: \$ _____ TOTAL FEE: \$ _____ *SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560
Payment Method: Visa M/C Debit Cheque Cash Authorization / Cheque Number _____
Credit Card #: _____ Expiry Date: _____ Date of Authorization: _____
Name of Cardholder: _____ Signature of Cardholder: _____

Permit Validation Section to be completed by the Permit Issuer:
Special Conditions: _____
Permit Issuer's Name (print or type) _____ Permit Issuer's Signature _____
Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____

INSPECTION REQUESTS please contact Superior Safety Codes at: Ph. 403-717-2344 or 1-888-717-2344 Fax 403-717-2340 or 1-888-717-2340
Allow 48 hours notice for inspection