



# 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 SUNDRÉ** 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 permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

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**