



Permit application Electrical

Planning and Development
 101-1101 5 St., Nisku, AB T9E 2X3
 p: 780-979-2113 f: 780-955-8866
 safetycodes@leduc-county.com

Permit number _____

Date _____

¼		Section		Township		Range		West of		Roll #	
Lot		Block		Plan		Subdivision/hamlet					

Personal information

Project civic address		Postal code	
Occupied by		Phone	
Owner name		Phone	
Owner address		Fax	
Town/city	Postal code	Email	
Applicant name		Phone	
Applicant address		Fax	
Town/city	Postal code	Email	

Project details

Residential <input type="checkbox"/>	Commercial/industrial <input type="checkbox"/>	Institutional <input type="checkbox"/>	Oilfield <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
Building description				
New residential	Floor area (sq. ft.)	Other		

Proposed installation will take place in conjunction with

New construction <input type="checkbox"/>	Renovation <input type="checkbox"/>		
Description:			
Voltage _____	Amperage _____	Phase _____	Job # _____
Installation details:			

Plans may be required on any installation and must be submitted on all installations over \$10,000.

Master electrician contact information (not required for homeowner permits)

Name		Phone	
Address		Email	
Town/city	Postal code	Cert. #	Expiry

Permit fee

Start date		Total cost of materials & labor	\$
End date		Fees as per current fee schedule	\$
		Safety Codes Council Levy (> of \$4.50 or 4% of fee)	\$
		TOTAL	\$

The issuance of a permit or examination of plans/specifications shall not be construed to be an approval of any violation of provisions of the Safety Codes Act, regulations made pursuant thereto, bylaws or agreement. I am the owner/applicant with the consent and authority of the owner that is the subject matter of this permit application. I have read and agree to the conditions on the reverse page of the application form. I hereby certify that this installation will be completed in accordance with the Safety Codes Act and regulations made pursuant thereto.

Authorized applicant signature

<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash/Interac	<input type="checkbox"/> Invoice/Account No. _____
Name of card holder			Expiry date	____ / ____
Signature of card holder		Card number		

I hereby authorize Leduc County by this signature to charge my credit card account number given here.

Conditions

Act – The issuance of a permit shall not prevent a safety codes officer from issuing a correction notice if an electrical installation or part thereof is found not to be in accordance with the *Safety Codes Act*, regulations and bylaws.

Deviation – No deviation from plans, specifications or information contained on the application for this permit shall be permitted without prior written authorization from the safety codes officer.

Safety codes officer – The person authorized to perform installations governed by this permit shall notify the safety codes officer prior to concealment of any portion of the installation.

Excavation – Before excavation is started, check for the location of utilities.

Inspection – The safety codes officer shall not be refused admission during any reasonable hour of the day for the purpose of conducting an inspection.

Final inspection – Upon completion of all the work authorized by this permit, the safety codes officer shall be notified that all work is completed and ready for final inspection.

Important notice

If any portion or part of the work is concealed prior to an approval by a safety codes officer all work may be requested to be uncovered.

Any required re-inspection shall be subject to a re-inspection fee, as per current fee schedule. This fee is required to be paid prior to the re-inspection taking place.

Any person who commits a breach of any of the provisions of the *Safety Codes Act*, or regulations made pursuant thereto, or of the conditions of a permit is guilty of an offense under the act.

Deficiencies shall be corrected within 15 days or as specified by the safety codes officer.