



Town of Vermilion
 5021 49 Avenue
 Vermilion, AB T9X 1X1
 Phone: 780 853 5358
 Fax: 780 853 4910
 www.vermilion.ca

The Inspections Group Inc.
 12010 – 111 Avenue NW
 Edmonton, AB T5G 0E6
 Phone: 780 454 5048 / 866 554 5048
 Fax: 780 454 5222 / 866 454 5222
 www.inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION FORM

Development Number: _____

Application Date: DD / MMM / YYYY _____

Estimated Project Completion Date: DD / MMM / YYYY _____

Applicant Type: Homeowner Contractor

Cost of Installation (Labour & Materials) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire 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 Town of Vermilion:

Street Address: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

BUILDING TYPE:

- Single / Multi Family Dwelling
- Commercial
- Residential
- Industrial
- Institutional
- Square Feet: _____

TYPE OF WORK:

- New Work Accessory Building
- Renovation Addition
- Connection Renovation
- Temporary Service Basement. Development
- Other ANNUAL PERMIT

SERVICE INFORMATION:

- Does this installation Require a Service Connection
 Yes No
- SUPPLY SERVICE:** Overhead Underground
- Service Information: Amps: _____
 Volts: _____
 Phase: _____

Description of Work: _____

Payment Type: Cash Cheque C/C Agreement Interac

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

Total Cost: \$ _____

Receipt #: _____

TIGI / OFFICE USE ONLY

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: DD / MMM / YYYY _____

*\$4.50 or 4% of the permit fee maximum \$560.00

REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC. PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE & PROVIDE SAFE ACCESS.

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.