

Bag 1006  
 Bonnyville, AB T9N 2J7  
 Ph: 780-826-3496 Fax: 780-826-4806

Inspector: DALE VALLEE  
 Inspections #: 780-573-1837

Please call 48hrs prior to required inspection

Electrical Permit  
 Label

Town of Bonnyville

**Electrical Permit Application Form**

Application Date (Y/M/D): \_\_\_\_\_ Tax Roll Number: \_\_\_\_\_

Estimated Start Date (Y/M/D): \_\_\_\_\_ Estimated Completion Date (Y/M/D): \_\_\_\_\_

Permit Type:  Owner  Contractor **Cost of Installation (Labor & 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 Regulations 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 an extension may be considered when applied for in writing prior to a permit expiring. The personal information provided as part of this application is collected under the authority of the Safety Codes Act, Municipal Government Act and the Freedom of Information and Protection of Privacy Act.

<b>Owner Name:</b> _____ <b>Address:</b> _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Cell Phone: _____ Email: _____ <b>Owner's Signature/Declaration (Single Family Residential Only)</b> "I hereby declare I am the Owner and reside in the Single Family residential dwelling in which the work will be conducted and assume responsibility for compliance with the applicable Act, Codes and Regulations"	<b>Applicant Name:</b> _____ <b>Address:</b> _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Cell Phone: _____ Email: _____
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**Contractor Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

**Master Electrician Number** \_\_\_\_\_ **Master Electrician's Name** \_\_\_\_\_ **Master Electrician's Signature** \_\_\_\_\_

**Project Location:**  
 Municipal Address: \_\_\_\_\_

Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

\*\* Temporary means a use that is permitted to exist for a maximum of six (6) months \*\*

TYPE OF OCCUPANCY	TYPE OF WORK	Does this installation Require a Service Connection: <input type="checkbox"/> Yes <input type="checkbox"/> No	SERVICE INFORMATION
<input type="checkbox"/> Residential	<input type="checkbox"/> New Work	<b>Supply Service:</b> <input type="checkbox"/> Overhead <input type="checkbox"/> Underground	<b>Amps:</b> _____
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Renovations		<b>Volts:</b> _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Connection		<b>Phase:</b> _____
<input type="checkbox"/> Industrial	<input type="checkbox"/> Temporary Service		
<input type="checkbox"/> Institutional	<input type="checkbox"/> Other _____		
Square Feet: _____			

<b>Town Office Use only:</b> Type of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Interact <input type="checkbox"/> Invoice <b>TOTAL Permit Fee:</b> \$ _____ <b>Safety Codes Council Levy</b> \$ _____ <b>Administration Fee:</b> \$ _____ <b>TOTAL PAYMENT DUE:</b> \$ _____	<b>AUTHORIZATION</b> Issuing Officer's Name: _____ Issuing Officer's Signature: _____ Designation Number: _____ Issued Date: _____
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