



Palliser Regional Municipal Services
 224 Centre Street
 Drumheller, AB T0J 0Y4
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 Fax 403-823-7739
 E-mail
 palliser@dinosaurvalley.com

Electrical Permit Application

Permit Label

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

Permit Type: Owner Contractor Building or 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: _____

Project Location:
Municipality: _____ **Street Address:** _____
 Unit #: _____ Lot: _____ Block: _____ Plan: _____ Subdivision or Hamlet: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Tax Roll #: _____
 Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas
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: 	Main Floor: _____ sq. ft. 2 nd Floor: _____ sq. ft. Dev. Basement: _____ sq. ft. Attached Garage: _____ sq. ft.
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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 _____ *Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.*

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): _____



FOR INSPECTIONS CALL
 1-888-717-2344

NOT SURE WHEN TO CALL FOR INSPECTION ASK FOR
WHEN TO CALL FOR INSPECTION