



Electrical Permit

Town of Penhold

Box10, 1001 Minto Street, Penhold, Alberta T0M 1R0
Phone (403)886-4567 Fax (403) 886-4039



Permit File # _____
EPS No. 248- _____

Applicant Section (to be completed by applicant):

| | | | |
|--|--------------------------------------|--|-------------------------|
| Owner Name: _____ | | Address: _____ | |
| _____ | | City _____ | Province _____ |
| _____ | | Postal Code _____ | _____ |
| _____ | | Phone _____ | Fax _____ |
| Owner's signature/declaration (homeowner permits only) " I hereby declare I am the owner of the premises in which the electrical work will be conducted, and reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations." | | | |
| Occupants Name (if different from owner): _____ | | Phone: _____ | |
| Contractor: _____ | | Address: _____ | |
| Phone: _____ Fax: _____ | | City _____ | Province _____ |
| _____ | | Postal Code _____ | _____ |
| Master Electrician's Name _____ | Master Electrician's Signature _____ | Master Electrician's # & expiry date _____ | |
| Project Location: Town of Penhold | | Street Address _____ | |
| Lot/Block/Plan Lot: _____ | Block: _____ | Plan: _____ | |
| Legal Subdivision: Part of: _____ | Sec. _____ | Twp. _____ | Rge. _____ |
| _____ | | W. of _____ | Subdivision name: _____ |
| Project Information: | | Expected Completion Date: _____ | |
| Intended use or occupancy of the building: _____ | | | |
| Type of Work: <input type="checkbox"/> New Work <input type="checkbox"/> Renovations <input type="checkbox"/> Connection <input type="checkbox"/> Alteration <input type="checkbox"/> Other specify): _____ | | | |
| Value of Work (materials and labour): _____ Service: Amperes: _____ Voltage: _____ Phase: _____ | | | |
| Description of Work: _____ | | | |

Permit Validation Section (to be completed by the Agency):

Permit type: Contractor Homeowner Temporary Service Annual Prints required: Yes No

Special Conditions: _____

| | |
|---------------------------------------|-----------------------------------|
| Issuing Officer's Name _____ | Issuing Officer's Signature _____ |
| Issuing Officer's Designation # _____ | Date of Issue _____ |

| | |
|-------------------------|---|
| Permit Fee: _____ | Comments (Office Use) |
| SCC Fee: _____ | |
| Total Fee: _____ | Payment method: <input type="checkbox"/> Visa <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card: <input type="checkbox"/> Invoice |