



Box 349
Beiseker, AB T0M 0G0
Phone: 403-947-3774
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Electrical Permit Application

Permit Label

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

Permit Type: Owner Contractor Development Permit Number: _____

Application Date (M/D/Y): _____ Estimated Completion Date (M/D/Y): _____

Owner: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Email Address: _____ Fax: _____

Contractor: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Email Address: _____ Fax: _____

Project Location: Village of Beiseker Subdivision Name: _____
 Street Address: _____
 Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
 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
Type of Service: Amps: _____ Voltage: _____ Phase: _____ U/G O/H
Main Floor: _____ sq. ft.
2nd Floor: _____ sq. ft.
Dev. Basement: _____ sq. ft.
Garage: _____ sq. ft.
 Detached Attached

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. FOIP Notification: Personal information collected on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It is used for processing permit applications, issuing permits, safety codes compliance monitoring, verification and program evaluation. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation.

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: Inspecting SCO: _____
 Special Conditions: _____
 Permit Issuer's Name (print or type) _____ Permit Issuer's Signature _____
 Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____



INSPECTION REQUESTS please contact Superior Safety Codes at:
 Ph. 403.717.2344 or 1-888.717.2344
 Allow 48 hours notice for inspection