

Permit Type: Homeowner Contractor

Estimated Start Date (M/D/Y) _____

Estimated Completion Date (M/D/Y) _____

Application MUST be filled out in full.

When your permit is ready do you want us to: call you for pick up mail it fax email

Owner Name: _____ Mailing Address (City, Province, Postal Code): _____ _____ Phone: _____ Alternate Phone: _____ Fax: _____ Email _____	Contractor Name: _____ Mailing Address (City, Province, Postal Code): _____ _____ Phone: _____ Alternate Phone: _____ Fax: _____ Email _____
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Project Location

Legal(circle): NE NW SE SW Section _____ Township _____ Range _____ W4 Subdivision _____

Lot _____ Block _____ Plan _____ Rural Address: _____

Project Information

- Commercial
- Residential
- Industrial
- Institutional
- Oil & Gas

Type of Work

- New
- Addition
- Renovation
- Accessory Building
- Basement Development

Total Developed Area: _____ Sq.Ft.

- Temp Heat
- Connection Only
- Other

Roll #: _____

Description of Work: _____

Service: Amp: 60 100 Other _____

Voltage: 120/208 120/240 Other _____

Phase: Single-Phase Three-Phase

Supply Service Required: yes no

Type of Service: overhead underground temporary

Project Value (please include both labour & materials) \$ _____

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 owner/contractor 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. **The permit applicant acknowledges this permit will expire in one (1) year unless extended in writing by a Safety Codes Officer or the Development Authority**

Homeowner Signature _____

Master's Signature _____

Permit Fee: \$ _____

Master's Name _____

Scc Levy: *\$ _____ (See Fee Schedule)

Master's Certification Number _____

Total Fee: \$ _____

Expiry Date _____

Receipt: _____

Application Date: _____