



Town of Vermilion
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 Vermilion, AB T9X 1X1
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The Inspections Group Inc.
 12010 – 111 Avenue NW
 Edmonton, AB T5G 0E6
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ELECTRICAL PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: Homeowner Contractor

Cost of Installation (Labour & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

Owner Name: _____ **Mailing Address:** _____
City: _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____ **Fax:** _____
Cell: _____ **Email:** _____

Owner's Signature / Declaration (Single Family Residential Only)

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Contractor Name: _____ **Mailing Address:** _____
City: _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____ **Fax:** _____
Cell: _____ **Email:** _____

 Master Electrician Number Master Electrician Name Master Electrician Signature

Project Location in The Town of Vermilion:

Street Address: _____
Legal Subdivision: Part of: _____ **Section:** _____ **Township:** _____ **Range:** _____ **West of:** _____
Subdivision Name: _____ **Lot:** _____ **Block:** _____ **Plan:** _____
Directions: _____

<p>BUILDING TYPE:</p> <input type="checkbox"/> Single / Multi Family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional Square Feet: _____	<p>TYPE OF WORK:</p> <input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Temporary Service <input type="checkbox"/> Other _____	<p>SERVICE INFORMATION:</p> <p>Does this installation Require a Service Connection <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SUPPLY SERVICE: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground</p> <p>Service Information: Amps: _____ Volts: _____ Phase: _____</p>
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Description of Work: _____

Payment Type: Cash Cheque C/C Agreement Interac
Permit Fee: \$ _____
+ SCC Levy*:\$ _____
Total Cost: \$ _____ **Receipt #:** _____

*\$4.50 or 4% of the permit fee maximum \$560.00

TIGI OFFICE USE ONLY

Issuing Officer's Name: _____
Issuing Officer's Signature: _____
Designation Number: _____
Permit Issue Date: DD / MMM / YYYY

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.