



4924 - 47 Street | Box 397 • Redwater, AB T0A 2W0  
 Phone: 780-942-3519 • Fax: 780-942-4321  
[www.redwater.ca](http://www.redwater.ca)

File Label

## ELECTRICAL PERMIT APPLICATION

Permit Type:  Owner  Contractor  
 Application Date (M/D/Y): \_\_\_\_\_  
 eSITE Permit #: \_\_\_\_\_  
 Development Permit #: \_\_\_\_\_  
 Estimated Completion Date (M/D/Y): \_\_\_\_\_

<b>Owner Name:</b> _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Cell Phone: _____ Fax: _____ Email Address: _____ <b>SIGNATURE:</b> _____ <b>Homeowner/Owner Permits (Residential Only)</b> <i>Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.</i>	<b>Contractor Name:</b> _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Cell Phone: _____ Fax: _____ Email Address: _____ Master Electrician Name: _____ Master Electrician Certification Number: _____ <b>SIGNATURE:</b> _____
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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. 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 Town of Redwater at 780.942.3519.

### PROJECT LOCATION: TOWN OF REDWATER

Street Address: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_  
 Unit or Suite #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ W of: \_\_\_\_\_

**PROJECT INFORMATION:**  Commercial  Residential  Multi Family  Industrial  Institutional

**TYPE OF WORK:**  New  Renovation  Addition  Accessory Building  Basement Development  Service Connection Only

Manufactured Home  Temp Service  Secondary Suite  Alternative Energy  Other \_\_\_\_\_

sq. meters  sq. feet

Main Floor Area: \_\_\_\_\_

2<sup>nd</sup> Floor Area: \_\_\_\_\_

Basement Area: \_\_\_\_\_

Developed  Yes  No

Garage Area: \_\_\_\_\_

Detached  Attached

Total Developed Area: \_\_\_\_\_

**Detailed Description of Work and/or intended use or occupancy of the building:**

### PERMIT FEES & PAYMENT INFORMATION

Project Value (Materials & Labour): \$ \_\_\_\_\_ Inspecting SCO: \_\_\_\_\_

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: \_\_\_\_\_



INSPECTION REQUESTS please contact Superior Safety Codes at:  
 Ph. 780.489.4777 or 1.866.999.4777  
 Allow 48 hours' notice for inspection