



IJD Inspections Ltd.
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PERMIT # _____
 Office Use

ELECTRICAL PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor Application Date (mm/dd/yyyy): _____
 New Home Warranty No.(if applicable): _____ Estimated Project Completion Date (mm/dd/yyyy): _____

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

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

Municipality of Project: _____ Subdivision/Hamlet: _____
 Street/Rural Address: _____ Apt/Unit: _____ Lot: _____ Block: _____ Plan: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____ M
 Directions: _____
 Description of Work: _____

Work has not started Work is in progress Work is complete

TYPE OF PROJECT	TYPE OF WORK	SERVICE	RESIDENTIAL INFORMATION
<input type="checkbox"/> Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Other:	<input type="checkbox"/> New construction <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Basement Development <input type="checkbox"/> Garage/Shop/Shed <input type="checkbox"/> Service (New/Upgrade) <input type="checkbox"/> Temporary Service	<input type="checkbox"/> RTM <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Skid Unit <input type="checkbox"/> Other: _____ <input type="checkbox"/> Solar Array Total KWs _____	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground Amps: _____ Voltage: _____ Phase: _____ Main Floor Area: <input type="checkbox"/> Ft ² <input type="checkbox"/> M ² 2 nd Floor Area: _____ Developed Basement: _____ Garage: _____ Other: _____ Total Developed Area: _____
Value of Material & Labour: \$ _____			

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 applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act, IJD Inspections Ltd. 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. **F.O.I.P. Notification:** Personal information is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. This permit expires in 1 (one) year from date of issuance unless an extension is requested in writing prior to expiration and granted by the Safety Codes Officer or Jurisdiction having Authority.

Master Electrician's Name (print) _____ **X** Master Electrician's Signature _____ **OR X** Homeowner's Signature (homeowner permit only) Homeowner Declaration:
 By signing this I hereby certify that I own/will own and occupy this dwelling.
 Master Electrician's Certification No.: _____ Certification Valid until: _____

Permit Fees		
Permit Fee: \$ _____	SCC Levy: \$ _____	Total Cost: \$ _____
SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00		Purchase Order No.: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card: _____		Expiry _____

Permit Validation Section: (to be completed by the Permit Issuer)
 Special Conditions: _____
 Other Permits Required (under separate application): Building Plumbing Gas PSDS
 Permit Issuer's Name: _____ Permit Issuer's Signature: _____
 Designation No.: _____ Permit Issue Date (mm/dd/yyyy): _____