

## **Town of Morinville**

2<sup>nd</sup> Floor, 10125-100 Avenue Morinville. AB T8R 1L6 Phone: (780) 939 4361

Fax: (780) 939 5633 www.morinville.ca

## SUBMIT TO:

THE INSPECTIONS GROUP INC. questions@inspectionsgroup.com

## The Inspections Group Inc.

12010 – 111 Avenue NW Edmonton AB T5G 0E6

Phone: (780) 454 5048 Toll Free: (866) 554 5048 Fax: (780) 454 5222 Toll Free: (866) 454 5222

www.inspectionsgroup.com

	ELE	CTRICAL PERMIT	APPLICATION	ON FORM  Permit Number:		
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 wi ys of issue of the permit, (b) is suspended or abandoned	I be completed for a period of 1	I in accordance with the Alberta Sa 120 days. An extension can be con	afety Codes Act. A permisidered when applied for	nit may expire if the undertaking to which it applies: (a) is not commenced within 90 in writing prior to permit expiry date.		
Owner Name:		N	failing Address:			
				one: Fax:		
				Email:		
Owner's Signature / Declaration (Single "I hereby declare I am the owner of the premises in wl applicable Act and Regulations"	Family Re	esidential Only)		. I am doing the work myself, and assume responsibility for compliance with the		
Company Name: Mailing Address:						
City:	Prov:	Postal Code:	Ph	one:Fax:		
Cell:	Email:					
Master Electrician Number Master Electrician N			Name	ame Master Electrician Signature		
Project Location in the Town of Morinville:						
Street Address:						
Legal Subdivision: Part of: Section: Township: Range: West of:						
Subdivision Name:         Lot:         Block:         Plan:						
Directions:						
BUILDING TYPE:	Т	TYPE OF WORK:		SERVICE INFORMATION:		
☐ Single / Multi Family Dwelling		☐ New Work		Does this installation Require a Service Connection		
☐ Commercial		Renovation		☐ Yes ☐ No  SUPPLY SERVICE: ☐ Overhead ☐ Underground		
☐ Residential		Connection		Service Information: Amps:		
☐ Industrial		☐ Temporary Service		Volts:		
☐ Institutional		Other		Phase:		
Square Feet:	-			- · · · · · · · · · · · · · · · · · · ·		
Description of Work:	SECUDENT	*** DEMOTE WATER M	TTO DEADEDO	THE PERSON OF TH		
(FOR RESIDENTIAL REMOTE WATER METER READERS, WIRING SHALL BE A MINIMUM OF 3/18)  Payment Type:  Cash Cheque Interac M/C Visa AUTHORIZATION						
Permit Fee: \$			Issuing Office	er's Name:		
+ SCC Levy*: \$		Issuing Office	Issuing Officer's Signature:			
Total Cost: \$	Receipt #:		Designation N	Designation Number:		
*\$4.50 or 4% of the permit fee maximum \$560.00-			Permit Issue	Permit Issue Date: /		

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING TWO TO FIVE WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS. IT'S THE RESPONSIBILITY OF THE CONTRACTOR TO CALL FOR APPROPRIATE INSPECTIONS.

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.