



Red Deer County Centre
 38106 Range Road 275
 Red Deer County, AB T4S 2L9
 403.350.2170
 www.rdcounty.ca
 inspections@rdcounty.ca

Permit label

ELECTRICAL PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor Application Date (mmm/dd/yyyy): _____
 Other Permits Required (under separate application): Building Plumbing Gas PSDS Estimated Project Completion Date (mmm/dd/yyyy): _____
 Development Permit No.: _____ New Home Warranty No.(if applicable): _____

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

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

Hamlet/ Subdivision Name: _____ Tax Roll No.: _____
 Street/Rural Address: _____ 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"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Connection Only <input type="checkbox"/> Renovation <input type="checkbox"/> Accessory Building <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Basement Development <input type="checkbox"/> Service <input type="checkbox"/> Temporary Service <input type="checkbox"/> Annual Permit	<input type="checkbox"/> RTM <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Skid Units <input type="checkbox"/> Other: _____	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground Amps: _____ Voltage: _____ Phase: _____	<input type="checkbox"/> sq ft <input type="checkbox"/> sq m Main Floor Area: _____ 2 nd Floor Area: _____ Developed Basement: _____ Garage: _____ Other: _____ Total Developed Area: _____ Work Value: \$ _____

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, Red Deer County 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. Questions regarding the collection of personal information can be directed to the F.O.I.P. Coordinator 403.350.2150.

Master Electrician's Name (print) _____ Master Electrician's Signature _____ 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: _____

For Office Use Only		Building Permit No.:	
Permit Fee: \$ _____	SCC Levy: \$ _____	Total Cost: \$ _____	Region: _____
SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00		Receipt No.: _____	NAICS: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque		File No.: _____	Group Classification: _____

Permit Validation Section to be completed by the Permit Issuer:
 Special Conditions: _____
 Permit Issuer's Name: _____ Permit Issuer's Signature: _____
 Designation No.: _____ Permit Issue Date (mmm/dd/yyyy): _____