



Red Deer County Centre  
 38106 Range Road 275  
 Red Deer County, AB T4S 2L9  
 P: 403.754.6371; F: 403.346.9840  
 Website: www.rdcounty.ca  
 Email: inspections@rdcounty.ca

## ANNUAL ELECTRICAL PERMIT APPLICATION FORM

Application Date: \_\_\_\_\_

### FACILITY INFORMATION

Facility Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

### ELECTRICIAN INFORMATION

Contractor: \_\_\_\_\_ 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: \_\_\_\_\_ ¼ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_ M

Directions: \_\_\_\_\_

<b>Project/Plant Information</b>	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Oil & Gas
Project/Plan Use: _____				
Projected Annual Electrical Installation Costs: \$ _____				

**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.

Contact Name (print) \_\_\_\_\_ Contact Signature \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Permit Fee: \$ _____	File No.: _____	Receipt No.: _____	Region: _____ Division: _____
*SCC Levy: \$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Debit	<input type="checkbox"/> Credit Card
Total Fee: \$ _____	Credit Card No.: _____		Exp. Date: _____
*SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00		Signature on Card: _____	
Name on Credit Card: _____			

### For Office Use Only

**Permit Validation Section to be completed by the Permit Issuer:**

**Special Conditions:** Site inspection(s) are required to ensure compliance with the Safety Codes Act of Alberta.

SEE ATTACHED FOR GENERAL PERMIT CONDITIONS

Permit Issuer's Name: \_\_\_\_\_ Permit Issuer's Signature: \_\_\_\_\_

Designation No.: \_\_\_\_\_ Permit Issue Date: \_\_\_\_\_

For inspections, please contact IJD Inspections Ltd. 403-346-6533 or <http://www.ijd.ca/request-an-inspection>.