



Town of Bashaw
 PO Box 510
 5011 – 52 Avenue
 Bashaw, AB T0B 0H0
 Phone: (780) 372-3911
 Fax: (780) 372-2335
 www.townofbashaw.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

ELECTRICAL PERMIT APPLICATION FORM

File Number: _____ Roll Number: _____ Permit Number: _____

Application Date: DD / MMM / YYYY Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: Owner Contractor Cost of Installation (Labour & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

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

Owner's Signature / Declaration (Single Family Residential Only)
 "I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Company Name: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

_____ Master Electrician Number _____ Master Electrician Name _____ Master Electrician Signature _____

Project Location in the Town of Bashaw:
 Street Address: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

<p>BUILDING TYPE:</p> <input type="checkbox"/> Single / Multi Family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional Square Feet: _____	<p>TYPE OF WORK:</p> <input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Temporary Service <input type="checkbox"/> Other	<p>SERVICE INFORMATION:</p> Does this installation Require a Service Connection <input type="checkbox"/> Yes <input type="checkbox"/> No SUPPLY SERVICE: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground Service Information: Amps: _____ Volts: _____ Phase: _____
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Description of Work: _____

I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested will be charged at a rate of \$125 per inspection (plus Levy).

(Applicant Signature) _____

ROUGH IN or **FINAL**
 Accept Decline Other: _____
 Decline Decline

***Homeowner applicants (value of work over \$500) must select 2 stages of inspection**
***Residential Contractors may select only 1 inspection, additional selected inspections will be charged at \$125/ Inspection (plus Levy)**

Payment Type: Cash Cheque Credit Card Interac

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

Total Cost: \$ _____ Receipt #: _____

*\$4.50 or 4% of the permit fee maximum \$560.00

TIGI OFFICE USE ONLY

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: DD / MMM / YYYY

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.
PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS
 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.