



Box 600  
 Crowsnest Pass, AB T0K 0E0  
 Phone: 403-562-8833  
 Fax: 403-563-5474

\*Office Use Only\*  
 (Paid or Received)

Cheque     Cash     Debit

## Annual Electrical Permit Application Form

I/We hereby make application for an Annual Permit under the provisions of the Safety Codes Permit Bylaw, and relevant Provincial Legislation, in accordance with the plans and supporting information submitted herewith which form part of this application. **ANNUAL PERMITS ARE VALID FROM THE PERMIT ISSUE DATE AND EXPIRE ON DECEMBER 31 OF THE YEAR OF PERMIT ISSUE DATE.**

Company or Firm		Tradesman	
Valid Business License:    YES    NO		Same as Applicant:    YES    NO	
Name		Name	
Mailing Address		Mailing Address	
Physical Address		Physical Address	
Phone/Alt Phone		Phone/Alt Phone	
Email		Fax	
Fax		Journeyman/ Master #	
Signature		Signature	

*Agent Declaration: By signing this Permit, I hereby certify that I am a certified agent of the property owner.*

*The permit applicant certifies that this project will be completed in accordance with Alberta Safety Codes Act & Regulations. The permit applicant is responsible for contacting the Municipality for all inspections required. Any extra inspections exceeding what is required by the conditions of the permit may incur additional fees.*

PROPERTY DESCRIPTION/PROJECT LOCATION		
Lot(s):	Block:	Plan:
Civic Address of Project:		
Existing Use of Land/Building:		
Directions:		
Date of Application:		Year Annual Permit is Valid For

**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 as per section 33 (c). 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 FOIP Coordinator of the Municipality of the Crowsnest Pass at 403-562-8833.**

DETAILS OF LOCATION (Check all that apply)

DISCIPLINE REQUESTED		TYPE OF OCCUPANCY		USE OF BUILDING(S) OR INSTALLATION	
<input type="checkbox"/>	ELECTRICAL	<input type="checkbox"/>	Residential	<input type="checkbox"/>	Residential
		<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Institutional
		<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Public Service
		<input type="checkbox"/>	Multi Family	<input type="checkbox"/>	Retail/Service/Office
		<input type="checkbox"/>	Institutional	<input type="checkbox"/>	Petro/Chemical Industry
		<input type="checkbox"/>	Farm Building	<input type="checkbox"/>	Agricultural
		<input type="checkbox"/>	Other	<input type="checkbox"/>	Lumber/Pulp Industry
				<input type="checkbox"/>	Other_____

WIRING DETAILS – RATING OF SERVICE		
VOLTAGE:	AMPERES:	PHASE:

<i>Office Use Only (Safety Codes Officer/Permit Issuer)</i>					
E-Site Permit Number			Tax Roll #:		
Permit Fee		SCC Levy		Total Fee	
Issue Date			Permit Expiry Date		
Issuing Officer			Designation#		
Signature of Issuing Officer					
MUNICIPAL FILE/PERMIT NUMBER					