

224 Centre Street
Drumheller, AB T0J 0Y4
Phone: 800-407-8361
Fax: 403-823-7739

E-mail: palliser@dinosaurvalley.com

Electrical Permit Application

Permit Label

Other Permits Required: Building Permit Type: Owner Contractor	Plumbing 🗌 Gas	☐ <i>PSDS</i> Development Per	Supply Service Required:	
Application Date (M/D/Y):		Estimated Comp	letion Date (M/D/Y):	
Owner:		Mailing Address:		
City:	Prov.:	Postal Code:	Phone:	
Cell Number: Fax:		Email Address: _		
Contractor:		Mailing Address:		
City:	Prov.:	Postal Code:	Phone:	
Cell Number: Fax:		Email Address: _		
Project Location: Name of Municipality:				
Street or Rural Address: Subdivision or Hamlet Name:				
Unit or Suite #: Lot: Block:	Plan:	Ta	x Roll #:	
Legal Subdivision: Part of: 1/4 Sect		_	W of:	
Directions:				
Type of Work: New Renovation Add Service: Amperes: Voltage: Detailed Description of Work: Permit Applicant Declaration: The permit applicant and work will commence within 90 days. The permit applic	Phase: certifies that this installatio	un will be completed in acc	derground Overhead Main Floor: 2 nd Floor: Dev. Basement: Attached Garage: cordance with the Alberta Safety Codes	sq. ft. sq. ft. sq. ft. sq. ft. Act and Regulations
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. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.				
Master's Name (Please print)	Master's Signature		Homeowner's Signature (Hor	
Master's Certification Number			Homeowner Declaration: By signing certify that I own or will own and occ	
Project Value (Materials & Labour): \$			Total Developed Area:	Sq. Ft
Permit Fee: \$ *SCC Levy: \$_	TOTAL	=EE: \$	*SCC Levy is 4% of the permit	
Payment Method: Visa M/C Debit Cheque Cash				
Credit Card #:	Exp	iry Date:	Cheque Number	
Name of Cardholder: Signature of Cardholder:				
Permit Validation Section to be completed by the Permit Issuer: Special Conditions:				
Permit Issuer's Name (print or type)	Per	mit Issuer's Signature		
Permit Issuer's Designation Number: Date of Issue (M/D/Y):				

