Summer Village of Seba Beach PO Box 190 SEBA BEACH AB TOE 2B0 Phone: (780) 797 3863 Fax: (780) 797 3800 www.sebabeach.ca

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## 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**

Application Date: DD / MMM / YYYY		Estimated Project Completion Date: <u>DD / MMM / YYYY</u>		
Applicant Type: Homeowner Contractor The Permit Holder hereby certifies that this installation will be comple of issue of the permit, (b) is suspended or abandoned for a period of	ted in accordance with the Alberta Safety ( 120 days. An extension can be considered	Cost of Insta Codes Act. A permit ma when applied for in wr	allation (Labour & Material) \$	
Owner Name:	Mailin	g Address:		
			e: Fax:	
- City 1 100				
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:	Mailin	g Address:		
City: Prov: _	Postal Code:	Phon	e:Fax:	
Cell: Email:				
Master Electrician Number Master Electrician Name		!	Master Electrician Signature	
Project Location in the Summer Village of Seba Beach:				
Street Address:				
Legal Subdivision: Part of: Section	on: Township		Range: West of:	
Subdivision Name:	Lot:	Block:	Plan:	
Directions:				
BUILDING TYPE:	TYPE OF WORK:		SERVICE INFORMATION:	
Single / Multi Family Dwelling	New Work		Does this installation Require a Service Connection ☐ Yes ☐ No	
Commercial	Renovation		SUPPLY SERVICE: Overhead Underground	
Residential			Service Information: Amps:	
Industrial	Temporary Service		Volts:	
Institutional	☐ Other		Phase:	
Square Feet:				
Seasonal Property? 🗌 Yes 🗌 No				
Description of Work:				
*Residential Contractors			L ccept Other: ecline 2 stages of inspection with a value of work over \$500 nly 1 inspection with a value of work under \$4,000 be charged at \$85/ Inspection (plus Levy)	
Payment Type: Cash Cheque C/C	Agreement Interac		TIGI OFFICE USE ONLY	
		lesuing Officer's	Name	
Permit Fee: \$		Issuing Officer's Name:		
+ SCC Levy*: \$		Ū	Signature:	
Total Cost: \$	Receipt #:			
*\$4.50 or 4% of the permit fee maximum \$560.00		Permit Issue Date	e: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.