



**CITY OF CHESTERMERE**  
 105 Marina Road, Chestermere, AB T1X 1V7  
 Telephone: (403) 207-7075 Fax: (403) 207-2817  
 Website: www.chestermere.ca

# Electrical Permit Application

Muni Permit Number \_\_\_\_\_

Date of Application: \_\_\_\_\_ Roll Number: \_\_\_\_\_

Land Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City & Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City & Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Municipal Address: \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

**Project Information: (Please be sure to check one of each)**

Type of work:  New Work  Renovation  Connection  Temporary  Other (Specify): \_\_\_\_\_  
 Intended Use:  Institutional  Industrial  Commercial  Residential  Basement Development  
 Garage or Small Accessory Building  Other (Specify): \_\_\_\_\_  
 Supply Service Required:  Yes  No Service: Amperes: \_\_\_\_\_ Voltage: \_\_\_\_\_ Phase: \_\_\_\_\_  
 Type of Supply Service:  Overhead  Underground  Temporary  Pad Transformer  
 Is the basement or any section of the basement included in your scope of work?  Yes  No  
 (If yes, indicate the total sq.ft. \_\_\_\_\_ and indicate the type of room/s \_\_\_\_\_)  
 Value of Labour and Materials: \_\_\_\_\_ Total Developed Area: \_\_\_\_\_ sq ft. (including basement if applicable)  
 Description of work: \_\_\_\_\_

\* The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The permit will expire in one year.  
 \*\* Owner's signature/declaration (homeowner permits only) "I hereby declare that I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and assume responsibility for compliance with the applicable Act and Regulations."  
 \*\*\* The permit applicant acknowledges that refunds and permit extension requests will be subject to approval."

Please check who the applicant is:  Contractor  Homeowner

Applicant Company Name: \_\_\_\_\_ Applicant Name (Print): \_\_\_\_\_  
 Certification/Journeyman Class & No.: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City & Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Permit Validation Section (To be completed by SCO or Issuing Officer)**

Payment Method:  Cash  Debit  Cheque  Invoice  Credit Card  
 Permit Fee: \_\_\_\_\_ Other Fee: \_\_\_\_\_ SCC Fee: \_\_\_\_\_ Total Fee: \_\_\_\_\_  
 Permit Conditions: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Credit Card Payment Section  
 Issuing Officer's Name: \_\_\_\_\_ Name of Cardholder: \_\_\_\_\_  
 Issuing Officer's Designation Number: \_\_\_\_\_ Card Number: \_\_\_\_\_  
 Issuing Officer's Signature: \_\_\_\_\_ CVV: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 (3-digit number)

All Safety Codes Inspection Requests must be sent to [inspections@chestermere.ca](mailto:inspections@chestermere.ca). To find out the updated schedule of inspection, please go to our website at [www.chestermere.ca](http://www.chestermere.ca). A minimum of 48 hours notice is required at all times. Please note that schedule may change without notice.  
**FOIP Notification:** The personal information you provide on this form is being collected under the authority of Section 640(2) of the *Municipal Government Act* and Section 32(b) and 32(c) of the *Freedom of Information and Protection of Privacy Act* and is protected by the privacy provision of these acts. This information will be used to determine eligibility for a development permit and for enforcement of applicable laws and may be circulated to persons or authorities as necessary for the review process. If you have any questions about the collection of this information please contact the FOIP coordinator, 105 Marina Road, Chestermere Alberta T1X 1V7 (403) 207-7050.