

Summer Village of Island Lake

PO Box 8 ALBERTA BEACH AB TOE 0A0

Phone: 780 967 0271 Fax: 780 967 0431 www.islandlake.ca

The Inspections Group Inc.

12010 – 111 Avenue NW EDMONTON AB T5G 0E6

Phone: 780 454 5048 Toll Free: 1 866 554 5048 Fax: 780 454 5222 Toll Free: 1 866 454 5222

www.inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION FORM

| Application Date: _ | DD / MMM | / YYYY | | Estimated | Project Completion Date: | DD / MMM / YYYY | |
|--|---|--|--|--|---|---|--|
| Applicant Type: | Homeowner | ☐ Contracto | or | | nstallation (Labour & Mater | | |
| The Permit Holder hereby of issue of the permit, (b) is | certifies that this installat s suspended or abandon | tion will be complet ed for a period of 1 | ed in accordance with the Alberta Sat 20 days. An extension can be consid | fety Codes Act. A permit lered when applied for in | may expire if the undertaking to which writing prior to permit expiry date. | it applies: (a) is not commenced within 90 days | |
| | | | | | | | |
| Owner Name: | | | M | ailing Address: | | | |
| City: | | Prov: | Postal Code: | Pho | one: | _Fax: | |
| | | | | Cell· | Fmail: | | |
| Owner's Signature / "I hereby declare I an for compliance with the | n the owner of the pr | emises in which | ntial Only) | | | vork myself, and assume responsibility | |
| Company Name: Mailing Address: | | | | | | | |
| City: | | Prov: | Postal Code: | Pho | one: | _Fax: | |
| Cell: | | Email: | | | | | |
| | ectrician Number | | Master Electrician N | | | ectrician Signature | |
| | | | | | | | |
| Project Location in Street Address: | J | | : | | | | |
| Legal Subdivision: P | art of: | Sectio | n: Towns | ship: | Range: | West of: | |
| Subdivision Name: | | | Lot: | Bloc | k: Plan: | | |
| Directions: | | | | | | | |
| BUILDING TYPE: | | | TYPE OF WORK: | | SERVICE INFORMATION: | | |
| ☐ Single / Multi Family Dwelling | | ☐ New Work | | Does this installation Require a Service Connection | | | |
| ☐ Commercial | | ☐ Renovation | | Yes No | | | |
| Residential | | ☐ Connection | | SUPPLY SERVICE: Overhead Underground Service Information: Amps: | | | |
| ☐ Industrial | | ☐ Temporary Service | | Volts: | | | |
| ☐ Institutional | | ☐ Other | | | hase: | | |
| Square Feet: | | | | | | | |
| Seasonal Property? | Yes 🗌 No | | | | | | |
| Description of Work | C | | | | | | |
| *Residential Contractor | | | | | FINAL Accept Other: Decline Ints must select 2 stages of inspection with a value of work over \$500 tors may select only 1 inspection with a value of work under \$4,000 inspections will be charged at \$100/ Inspection (plus Levy) | | |
| Payment Type: ☐ Cash ☐ Cheque ☐ C/C Agreement ☐ Interac | | | | | TIGI OFFICE USI | E ONLY | |
| | | | | lecuing Officer's | s Namo: | | |
| Permit Fee: \$ | | | | | Issuing Officer's Name: | | |
| + SCC Levy*: \$ | | | | | r's Signature: | | |
| Total Cost: \$ | | | Receipt #: | | Number: | | |
| *\$4.50 or 4% of the permit fee maximum \$560.00 | | | | Permit Issue Da | Permit Issue Date: / _ MMM / YYYY | | |

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.