

## 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.