



Town of Legal

Box 390

Legal, Alta. T0G 1L0

Phone: (780) 961-3773 Fax: (780) 961-4133

ELECTRICAL PERMIT

Permit Number : _____

Date (Y/M/D) : ____/____/____

OFFICE USE ONLY

Issuing Officer: _____

Designation #: _____

Signature: _____

1. Name of Municipality : **Town of Legal**

2. Project Installation Address _____

3. Legal: Lot _____ Block _____ Plan _____ Subdivision Name (if applicable) _____

4. Premises owned by _____ Premises occupied by _____

5. Owners Mailing Address _____ PH# _____

6. Does this installation require a service connection? YES NO

7. Permit Type: Residential Property Owner Certified Contractor

TYPE OF OCCUPANCY (indicate major occupancy)	TYPE OF WORK	TYPE OF BUILDING OR INSTALLATION	USE OF BUILDING(S) OR INSTALLATION
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> FARM/RANCH <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OILFIELD/GAS <input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> NEW <input type="checkbox"/> REWIRE/RENOVATING <input type="checkbox"/> ADDITIONS <input type="checkbox"/> CONNECTION ONLY <input type="checkbox"/> ELECTRICAL UTILITY <input type="checkbox"/> COMMUNICATION <input type="checkbox"/> SIGN/OUTLINE LIGHTING <input type="checkbox"/> ANNUAL PERMIT <input type="checkbox"/> OTHER _____	<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MULTIPLE FAMILY <input type="checkbox"/> TEMPORARY SERVICE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> HAZARDOUS LOCATION (wiring) <input type="checkbox"/> RELOCATEABLE UNIT <input type="checkbox"/> OTHER _____	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> PUBLIC SERVICE <input type="checkbox"/> RETAIL/WHOLESALE SERVICE/OFFICE <input type="checkbox"/> PETRO/CHEMICAL INDUSTRY <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> LUMBER/PULP INDUSTRY <input type="checkbox"/> OTHER _____

RATING OF SERVICE: Phase _____ Amperes _____ Voltage _____

METHOD OF WIRING: NMS Cable Conduit Armoured Cable

THE SUPPLY SERVICE REQUIRED WILL BE: Overhead Underground Pad Transformer None

BRIEF DESCRIPTION OF INSTALLATION _____

COST OF INSTALLATION _____ SQ. FT. NEW RESIDENCE ONLY _____

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 and expires after one year without an extension request.

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection Privacy Act.

Type of Payment: INTERAC CASH CHQ

Permit Fee \$ _____ Bldg. Permit # _____

Safety Codes \$ _____ Receipt # _____

\$4.50 or 4% of permit fee (whichever is greater)

Total Fee \$ _____ Tax Roll # _____

Permit Holder Signature: _____

Permit Holder Name: _____

Company Name: _____

Address: _____

Phone #: _____ Fax #: _____

Master No.: _____

Please contact The Inspections Group @ (780)454-5048 Fax: (780)454-5222 for inspections!