



IJD Inspections Ltd.  
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PERMIT # \_\_\_\_\_

**ELECTRICAL PERMIT APPLICATION FORM**

Permit Applicant:  Owner  Contractor Application Date (mm/dd/yyyy): \_\_\_\_\_  
 New Home Warranty No.(if applicable): \_\_\_\_\_ Estimated Project Completion Date (mm/dd/yyyy): \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project Location-** Municipality: \_\_\_\_\_ Subdivision/Hamlet: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_ Unit: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_ M  
 Directions: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_

Work has not started  Work is in progress  Work is complete

TYPE OF PROJECT	TYPE OF WORK	SERVICE	RESIDENTIAL INFORMATION
<input type="checkbox"/> Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Other:	<input type="checkbox"/> New construction <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Basement Development <input type="checkbox"/> Garage/Shop/Shed <input type="checkbox"/> Service (New/Upgrade) <input type="checkbox"/> Temporary Service <input type="checkbox"/> RTM <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Skid Unit <input type="checkbox"/> Other: _____	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground Amps: _____ Voltage: _____ Phase: _____	<input type="checkbox"/> Ft <sup>2</sup> <input type="checkbox"/> M <sup>2</sup> Main Floor Area: _____ 2 <sup>nd</sup> Floor Area: _____ Developed Basement: _____ Garage: _____ Other: _____ <b>Total Developed Area:</b> _____
<b>Value of Material &amp; Labour: \$</b>			

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act, IJD Inspections Ltd. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. **F.O.I.P. Notification:** Personal information is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. This permit expires in 1 (one) year from date of issuance unless an extension is requested in writing prior to expiration and granted by the Safety Codes Officer or Jurisdiction having Authority.

Master Electrician's Name (print) \_\_\_\_\_ **X** \_\_\_\_\_ **OR X** \_\_\_\_\_  
**Master Electrician's Signature** \_\_\_\_\_ **Homeowner's Signature** (homeowner permit only) Homeowner Declaration:  
 By signing this I hereby certify that I own/will own and occupy this dwelling.  
 Master Electrician's Certification No.: \_\_\_\_\_ Certification Valid until: \_\_\_\_\_

Permit Fees	
Permit Fee: \$ _____	SCC Levy: \$ _____
Total Cost: \$ _____	
SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00	
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card: _____	Purchase Order No.: _____
	Expiry _____

**Permit Validation Section: (to be completed by the Permit Issuer)**  
 Special Conditions: \_\_\_\_\_  
 Other Permits Required (under separate application):  Building  Plumbing  Gas  PSDS  
 Permit Issuer's Name: \_\_\_\_\_ Permit Issuer's Signature: \_\_\_\_\_  
 Designation No.: \_\_\_\_\_ Permit Issue Date (mm/dd/yyyy): \_\_\_\_\_