



**Lac La Biche County**  
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**ELECTRICAL PERMIT APPLICATION FORM**

Permit Number: \_\_\_\_\_ File Number: \_\_\_\_\_ Roll Number: \_\_\_\_\_

e-SITE #: \_\_\_\_\_ Application Date: DD / MMM / YYYY Estimated Completion Date: DD / MMM / YYYY

Applicant Type:  Owner  Contractor **Cost of Installation (Labour & Material) \$** \_\_\_\_\_

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. This permit expires after 90 days without an extension request.

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

**Owner's Signature / Declaration (Single Family Residential Only)**  
 "I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

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

\_\_\_\_\_ Master Electrician Number \_\_\_\_\_ Master Electrician Name \_\_\_\_\_ Master Electrician Signature

**Project Location in Lac La Biche County:**  
 Street Address: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
 Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
 Directions: \_\_\_\_\_

<p><b>BUILDING TYPE:</b></p> <input type="checkbox"/> Single / Multi Family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional Square Feet: _____	<p><b>TYPE OF WORK:</b></p> <input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Temporary Service <input type="checkbox"/> Other _____	<p><b>SERVICE INFORMATION:</b></p> Does this installation Require a Service Connection <input type="checkbox"/> Yes <input type="checkbox"/> No <b>SUPPLY SERVICE:</b> <input type="checkbox"/> Overhead <input type="checkbox"/> Underground Service Information: Amps: _____ Volts: _____ Phase: _____
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**Description of Work:** \_\_\_\_\_

**Payment Type:**  Cash  Cheque  MC  VISA  Interac  
 Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_  
 Cardholder Name / Signature: \_\_\_\_\_  
**Permit Fee: \$** \_\_\_\_\_ **+ SCC Levy: \$** \_\_\_\_\_  
 \*\$4.50 or 4% of the permit fee maximum \$560.00  
**Total Cost: \$** \_\_\_\_\_ Receipt #: \_\_\_\_\_

**TIGI OFFICE USE ONLY**

Issuing Officer's Name: \_\_\_\_\_  
 Designation Number: \_\_\_\_\_  
 Issuing Officer's Signature: \_\_\_\_\_  
 Permit Issue Date: DD / MMM / YYYY