



IJD Inspections Ltd.
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 www.ijd.ca

PERMIT # _____
 Office Use

ELECTRICAL PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor Application Date (mm/dd/yyyy): _____
 Development Permit 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: _____

Municipality of Project: Town of Crossfield Subdivision/Hamlet: _____
 Street/Rural Address: _____ Lot: _____ Block: _____ Plan: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____ M

Description of Work:

Work has not started Work is in progress Work recently completed Unknown when work was completed (permit needed for home sale)

INTENDED USE

Residential Commercial Multi-Family Farm/Agri Oil & Gas Institutional/ Health Industrial/Processing
 Other: _____ Service Being Installed => **Amps:** _____ **Voltage:** _____ **Phase:** _____

RESIDENTIAL	RESIDENTIAL AREA	NON-RESIDENTIAL
<input type="checkbox"/> New Dwelling <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> New detached garage/shop <input type="checkbox"/> RTM/Mobile Connection Only <input type="checkbox"/> RTM w/basement development <input type="checkbox"/> Alternative Energy <input type="checkbox"/> EV Charger <input type="checkbox"/> Genset <input type="checkbox"/> Hot Tub <input type="checkbox"/> RV Site <input type="checkbox"/> Other	<input type="checkbox"/> Ft ² <input type="checkbox"/> M ² <input type="checkbox"/> Main Floor _____ <input type="checkbox"/> 2 nd Floor _____ <input type="checkbox"/> Basement Development _____ <input type="checkbox"/> Attached/Detached Garage _____ Total Area Being Wired: _____ SERVICE / DISTRIBUTION being installed <input type="checkbox"/> Underground <input type="checkbox"/> Overhead <input type="checkbox"/> New Service <input type="checkbox"/> Temporary Service <input type="checkbox"/> Service / Panel Upgrade <input type="checkbox"/> Xfer Switch <input type="checkbox"/> Service Connection only <input type="checkbox"/> Other: _____	<input type="checkbox"/> New building <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Base Building Only <input type="checkbox"/> Store/Retail <input type="checkbox"/> Pump Jack/Well site <input type="checkbox"/> RV Park <input type="checkbox"/> Annual <input type="checkbox"/> Other: Total Material & Labour: (all intended uses) \$ _____
		<input type="checkbox"/> New Tenant Improvement <input type="checkbox"/> Shop <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Livestock Building <input type="checkbox"/> Product Manufacturing <input type="checkbox"/> Alternative Energy <input type="checkbox"/> Irrigation Pivot

Permit Applicant Declaration: 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.

Master Electrician's Name (print) _____ **X** _____ **OR X** _____
 Master Electrician's Certification No.: _____ Certification Valid until: _____
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.

PERMIT FEE SUMMARY

Permit Fee: \$ _____	New Adjusted Fee \$ _____
Travel Fee: \$ _____	Adjusted SCC Levy \$ _____
SCC Levy: \$ _____	Subtotal \$ _____
Total Permit Cost \$ _____	Total Credit/Refund \$ _____
Receipt# _____	Receipt # _____
<input type="checkbox"/> Cash <input type="checkbox"/> E-Transfer (to: permits@ijd.ca) <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card	

Homeowner (homeowner permits) or the Journeyman (contractor permits).
 Contractors are required to obtain a **Business License** through the Town of Crossfield

Email completed application form to: permits@ijd.ca