

Annual Electrical Permit Application

Permit Label

Application Date (M/D/Y): _____

Superior File Number: _____

Facility Information			
Facility Name: _____		Mailing Address: _____	
City: _____	Prov: _____	Postal Code: _____	Phone: _____
Alt Phone: _____	Email Address: _____	Fax: _____	

Electrician Information			
Contractor: _____		Mailing Address: _____	
City: _____	Prov: _____	Postal Code: _____	Phone: _____
Alt Phone: _____	Email Address: _____	Fax: _____	

Project/Plant Location			
Municipality: _____		Street Address: _____	
Lot: _____	Block: _____	Plan: _____	Subdivision or Hamlet: _____
Legal Subdivision: Part of: _____	¼ Sect: _____	Twp: _____	Rg: _____ W of: _____
Directions: _____			

Project/Plant Information		<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional
Project/Plant Use: _____				
KVA Rating of establishment: _____		Projected Annual Electrical Installation costs: \$ _____		

Permit Applicant Declaration The permit applicant certifies that the installation(s) will be completed in accordance with the Alberta Safety Codes Act and Regulations. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act, Superior Safety Codes Inc. 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. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act. This permit is only valid for the project/plant location as indicated above. Any installations above \$10,000 each will require a separate permit.

Electrician's Name (Please print)	Electrician's Signature
Electrician's Certification Number	Owner's/Manager's Signature

Permit Fee: \$ <u>300</u>	*SCC Levy: \$ <u>12</u>	TOTAL FEE: \$ <u>312.00</u>
<small>*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560</small>		
Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Cash Authorization / Cheque Number _____		
Credit Card #: _____	Expiry Date: _____	Date of Authorization: _____
Name of Cardholder: _____	Signature of Cardholder: _____	

Permit Validation Section to be completed by the Permit Issuer. PERMIT IS VALID FOR THE YEAR ENDING: _____	
Special Conditions: _____	
Permit Issuer's Name (print or type)	Permit Issuer's Signature
Permit Issuer's Designation Number: _____	Date of Issue (M/D/Y): _____