

5432-56 Avenue
Lacombe, AB T4L 1E9
Ph: 403.782.6666
Fax: 403.782.5655
permits@lacombe.ca



Permit Number

Annual Electrical Permit

Permit Type: Owner Contractor

Application Date (M/D/Y): _____ PERMIT IS VALID FOR THE YEAR ENDING: _____

Facility Information
Owner: _____ Mailing Address: _____
City: _____ Prov.: _____ Postal Code: _____ Phone: _____
Cell Number: _____ Fax: _____ Email Address: _____

Electrician Information
Contractor: _____ Mailing Address: _____
City: _____ Prov.: _____ Postal Code: _____ Phone: _____
Cell Number: _____ Fax: _____ Email Address: _____

Project/Plant Location
Municipal Address: _____ Subdivision Name: _____
Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
Directions: _____

Project/Plant Information Commercial Industrial 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.

Electrician's Name (Please print) _____ Electrician's Signature _____

Electrician's Certification Number _____ Owner's/Manager's Signature _____

Permit Fee: \$ _____ *SCC Levy: \$ _____ TOTAL FEE: \$ _____ *SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560
Payment Method: Credit Card On File Remote Transaction Debit Cheque Cash

Permit Validation Section to be completed by the Permit Issuer.
Special Conditions: Call IJD FOR INSPECTIONS

Permit Issuer's Name (print or type) _____ Permit Issuer's Signature _____
Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____



INSPECTION REQUESTS please contact IJD INSPECTIONS LTD at:
P. 403-346-6533 or 1-877-617-8776 or online at www.ijd.ca
Allow 48 hours notice for inspection.

The personal information that you provide to the City of Lacombe is collected under the authority of the *Alberta Freedom of Information and Protection of Privacy (FOIP) Act* – Section 33(c). The information will be used to process permit applications, administer and manage permits issued by the City of Lacombe. Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the *FOIP Act*, and can be reviewed and corrected upon request. Questions regarding the collection of personal information can be directed to: FOIP Coordinator, City of Lacombe, 5432-56 Ave, Lacombe, AB T4L 1E9, 403-782-6666 or 403-782-1281, foip@lacombe.ca.