

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



Permit Number

Electrical Permit

Permit Type: Homeowner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

Estimated Completion Date (M/D/Y): _____

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

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

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

Type of Service: Amperes: _____ Voltage: _____ Phase: _____ Underground Overhead

Type of Building:	Type of Work:	Area Being Developed:	Description of Work:
<input type="checkbox"/> Residential	<input type="checkbox"/> New <input type="checkbox"/> Renovation	Main Floor: _____ sq. ft.	_____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Addition <input type="checkbox"/> Basement Dev.	2 nd Floor: _____ sq. ft.	_____
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Temp Service	Developed Basement: _____ sq. ft.	_____
<input type="checkbox"/> Industrial	<input type="checkbox"/> Accessory Building	Garage: _____ sq. ft.	_____
<input type="checkbox"/> Institutional	<input type="checkbox"/> Connection Only	<input type="checkbox"/> Detached <input type="checkbox"/> Attached	_____
<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Other _____	Total Developed: _____ sq. ft.	_____

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 and expires after one year without an extension request. 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.

Master's Name (Please print) _____ Master's Signature _____ Homeowner's Signature (Homeowner permits only) _____
 Master's Certification Number _____ **See attached homeowner's affidavit.**

Project Value (Materials & Labour): \$ _____

Permit Fee: \$ _____ ***SCC Levy:** \$ _____ **TOTAL FEE:** \$ _____

Payment Method: Credit Card on File Remote Transaction Debit Cheque Cash

***SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560**

Permit Validation Section to be completed by the Permit Issuer:

Special Conditions: **CALL IJD FOR INSPECTION** _____

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.