

# Electrical Permit Application Form

Permit Type:  Owner  Contractor Estimated Project Completion Date: \_\_\_\_\_

Application Date (M/D/Y): \_\_\_\_\_ Building Permit Number: \_\_\_\_\_

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

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

**Project Location:** PARKLAND COUNTY Municipal Address: \_\_\_\_\_  
Plan: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Legal Subdivision: W of: \_\_\_\_\_ M Rg: \_\_\_\_\_ Twp: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Part of: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
Directions: \_\_\_\_\_

**Project Information:**  Commercial  Residential  Multi Family  Industrial  Institutional  
**Type of Work:**  New  Renovation  Relocation  Connection  Temp Service  Basement Development  Other  
**Service:** Amperes: \_\_\_\_\_ Voltage: \_\_\_\_\_ Phase: \_\_\_\_\_  Underground  Overhead  
**Description of Work:** \_\_\_\_\_  
**Project Value (Materials & Labour):** \_\_\_\_\_ **Total Developed Area (if applicable):** \_\_\_\_\_

**Permit Applicant Declaration:** The information collected on this document will be used for the purposes allowed under the authority of the *Municipal Government Act*. The personal information that you provide may be made public, subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection and use of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for Parkland County, 53109A HWY 779, Parkland County, Alberta T7Z 1R1 (780-968-3229).

\_\_\_\_\_  
Master's Name (Please print)                      Master's Signature                      Homeowner's Signature (Homeowner permits only)

Master's Certification Number \_\_\_\_\_

**Permit Fee:** \$ \_\_\_\_\_ **\*SCC Levy:** \$ \_\_\_\_\_ (\*4% of permit fee with a minimum of \$4.50) **TOTAL FEE:** \$ \_\_\_\_\_

Payment Method:  Visa  M/C  Debit  Cheque  Cash                      Receipt No. \_\_\_\_\_

## For Office Use Only – Credit Card Authorization

PAYMENT AMOUNT: \_\_\_\_\_

Card Holder: \_\_\_\_\_

Card No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please note that if you are remitting a payment with a credit card number, the application cannot be submitted by email to ensure security of your credit card information. Alternatively, you could remit by email WITHOUT the credit card information and include contact information for payment, but be aware that permits will not be processed until payment is received.

The application can be dropped off at our office, mail/couriered or remitted via fax at 780-968-3225.