



Electrical Permit Application

Park Enterprises Ltd.
#10, 491 W.T. Hill Blvd,
Lethbridge, AB T1J 1Y6
Phone: 1(800) 621-5440
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Email: contact@parkenterprises.ca

Permit Applicant: ☐ Owner ☐ Contractor

Application Date (mm/dd/yyyy): _____

Development Permit No. (if applicable): _____

Building Permit No. (if applicable): _____

Estimated Start Date (mm/dd/yyyy): _____

Estimated Completion Date (mm/dd/yyyy): _____

Value of Work (labour & materials): _____

Owner Name (printed): _____

Mailing Address: _____ **City/Town/Village:** _____ **Province:** _____ **Postal Code:** _____

***Email:** _____ **Owners Phone #:** _____ **Fax #:** _____

Contracting Company Name (printed): _____ **Contact Name** (printed): _____

Mailing Address: _____ **City/Town/Village:** _____ **Province:** _____ **Postal Code:** _____

***Email:** _____ **Owners Phone #:** _____ **Fax #:** _____

Project Location

Municipality: _____ **Subdivision/ Hamlet Name:** _____ **Tax Roll No.:** _____

Street/ Rural Address: _____ **Unit:** _____

*** Legal land description is required**

Lot: _____ **Block:** _____ **Plan:** _____ **LSD:** _____ **Quarter:** _____ **Section:** _____ **Township:** _____ **Range:** _____ **West of:** _____

Directions: _____

Description of Work (please provide a **complete** and **detailed** description of the work to be completed including all applicable drawings/ documents):

☐ Work has not started ☐ Work is in progress ☐ Work is complete

WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING

TYPE OF OCCUPANCY	TYPE OF WORK	SERVICE AND INSTALLATION AREA
☐ Single Family Residential ☐ Multi-Family Residential # of units: _____ ☐ Agricultural (Farm) ☐ Commercial ☐ Industrial ☐ Institutional ☐ Other (specify): _____	☐ New ☐ Addition ☐ Renovation/Alteration (interior) ☐ Installation of Service (panel/meter/ service upgrade) ☐ Service Connection (energizing the site/ mobile home/ building/ equipment) ☐ Improvements (A/C/ hot tub/ basement development/ etc.) ☐ Temporary Service ☐ Annual Permit ☐ Alternative Energy ☐ Solar ☐ Wind ☐ Other (specify): _____ ☐ Other (specify): _____	☐ Overhead ☐ Underground Amps: _____ Volts: _____ Phase: _____ ☐ Feet ² ☐ Meters ² Ground Floor: _____ 2 nd Floor (loft/ mezzanine): _____ Basement Development: ☐ Yes ☐ No _____ Garage/ Shop: ☐ Attached ☐ Detached _____ Other (specify): _____ Total Installation Area: _____

The personal information required on the Town of Diamond Valley application forms is collected under the authority of section 4(c) of the Protection of Privacy (POPA) Act. This information is used to support the administration and delivery of services provided by the Town of Diamond Valley under the Safety Codes Act. This includes, but is not limited to, certification, accreditation, training programs, program evaluation and planning, and the processing of permit applications, issuing permits, monitoring and verifying compliance, and conducting investigations and audits. Information may be shared with municipalities, contracted accredited agencies, or other regulatory or governmental bodies as authorized by legislation. If you have any questions regarding the collection of this information, please contact the Town of Diamond Valley at 403-933-4348 or 301 Centre Avenue West, Diamond Valley TOL 0H0.

Master Electrician Name (please print) _____

Certification No. _____

Master Electrician Signature _____

Homeowner's Signature (homeowner permit only) **Homeowner Declaration:** I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.

OFFICE USE ONLY

Other Permits Required ☐ Building ☐ Plumbing ☐ Gas ☐ Private Sewage ☐ Not Applicable

[Received Date Stamp]

Permit Fee: \$ _____

SCC Levy: \$ _____

(\$4.50 or 4% of the permit fee maximum \$560.00)

Travel Fee: \$ _____

Total Cost: \$ _____

Receipt No.: _____

☐ Invoiced ☐ Cash ☐ Cheque ☐ Debit

☐ Credit Card ☐ Visa ☐ MC (attach signed credit card authorization form)

eSITE Permit No.: _____

Agency File No.: _____

* Email address fields and legal land description are required to be completed. Please go to parkenterprises.ca for FAQs and application checklists.