



Palliser Regional Municipal Services
Box 1900 – 115 Palliser Trail
Hanna, AB T0J 1P0

Phone 877-854-3371 ext 208
Fax 403-854-4684
E-mail
permits@palliserservices.ca

Permit Label

Permit Application

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 ☐ 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. 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: \$ _____ *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: ☐ Visa ☐ M/C ☐ Debit ☐ Cheque ☐ 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):

CALL FOR INSPECTIONS

NOT SURE WHEN TO CALL FOR
INSPECTION ASK FOR
WHEN TO CALL FOR INSPECTION