



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): _____ Estimated Start Date (mm/dd/yyyy): _____
 Development Permit No. (if applicable): _____ Estimated Completion Date (mm/dd/yyyy): _____
 Building Permit No. (if applicable): _____ **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
<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential # of units: _____ <input type="checkbox"/> Agricultural (Farm) <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/Alteration (interior) <input type="checkbox"/> Installation of Service (panel/meter/ service upgrade) <input type="checkbox"/> Service Connection (energizing the site/mobile home/ building/ equipment) <input type="checkbox"/> Improvements (A/C/ hot tub/ basement development/ etc.) <input type="checkbox"/> Temporary Service <input type="checkbox"/> Annual Permit <input type="checkbox"/> Alternative Energy <input type="checkbox"/> Solar <input type="checkbox"/> Wind <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground Amps: _____ Volts: _____ Phase: _____ <input type="checkbox"/> Feet ² <input type="checkbox"/> Meters ² Ground Floor: _____ 2 nd Floor (loft/ mezzanine): _____ Basement Development: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Garage/ Shop: <input type="checkbox"/> Attached <input type="checkbox"/> Detached _____ Other (specify): _____ Total Installation Area: _____

FOIP Notification: The personal information required by the Town of Stavelly application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Town of Stavelly at 403-549-3761 or 5001 50th Avenue, Stavelly T0L 1Z0.

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

<p>Other Permits Required <input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Gas <input type="checkbox"/> Private Sewage <input type="checkbox"/> Not Applicable</p> <p>Permit Fee: \$ _____ SCC Levy: \$ _____ <small>(\$4.50 or 4% of the permit fee maximum \$560.00)</small> Travel Fee: \$ _____</p> <p>Total Cost: \$ _____ Receipt No.: _____</p> <p><input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)</p>	<p>[Received Date Stamp]</p> <p>eSITE Permit No.: _____ Agency File No.: _____</p>
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* Email address fields and legal land description are required to be completed. See permit guidelines for details.