



# Electrical Permit Application

Park Enterprises Ltd.  
 #10, 491 W.T. Hill Blvd,  
 Lethbridge, AB T1J 1Y6  
 Phone: 1(800) 621-5440  
 Fax: 1(866) 406-8484  
 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 <sup>2</sup> <input type="checkbox"/> Meters <sup>2</sup> Ground Floor: _____ 2 <sup>nd</sup> 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): _____ <b>Total Installation Area:</b> _____

FOIP Notification: The personal information required by the MD of Willow Creek 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 MD of Willow Creek at 403-625-3351 or 273129 Secondary Highway 520, Claresholm TOL 0T0.

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**

<b>Other Permits Required</b> <input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Gas <input type="checkbox"/> Private Sewage <input type="checkbox"/> Not Applicable Permit Fee: \$ _____ SCC Levy: \$ _____ <small>(\$4.50 or 4% of the permit fee maximum \$560.00)</small> Travel Fee: \$ _____ <b>Total Cost:</b> \$ _____ Receipt No.: _____ <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)	[Received Date Stamp]  eSITE Permit No.: _____ Agency File No.: _____
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\*Email address fields and legal land description are required to be completed. Please go to parkenterprises.ca for FAQs and application checklists.