



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): _____

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: _____

FOIP Notification: The personal information required by Lethbridge County 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 Lethbridge County at 403-328-5525 or 100, 905 4th Avenue S, Lethbridge T1J 4E4.

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

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)

[Received Date Stamp]

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.