

Permit Issuance

Please contact Lac Ste. Anne County at: 4928 Langston Street; Box 219 Sangudo, AB T0E 2A0 Ph. 780.785.3411 or Fax 780.785.2985

www.lsac.ca Email: devassistant@Lsac.ca

Inspection Requests

Please contact Superior Safety Codes at: 14613-134 Avenue Edmonton, AB T5L 4S9 Ph. 780.489.4777 or 1.866.999.4777 www.superiorsafetycodes.com



Incomplete applications, including unpaid applications will be held for 30 days for submission of additional documentation. After 30 days the application will be disposed of.

Electrical Permit Application

Other Permits Required		eSITE Permit Number: 193193	
Application Date (M/D/Y): Estimated Completion Date (M/D/Y):			
	Prov		
City:			
Contractor: Mailing Address:			
	Prov.: Fax:		
Street or Rural Address: Subdivision or Hamlet Name: Unit #: Tax Roll #:			
Legal Subdivision: Part of	_ Lot: Block: Pla :: ¼ Sect: Tv	wp: Rge: W	
Type of Service: Amperes: Voltage: Phase: Underground Overhead			
commence within 90 days. related to the system of insperout. The personal information pro about the collection and use T0E 2A0 Master's Name (Please pro	,	Section 12(2) of the Alberta Safety Codes Act; St cluding but not limited to a decision relating to the an 33(c) of the Freedom of Information and Protect ounty FOIP Coordinator at 1-866-880-5722 ext.27	t. t. t. t. arta Safety Codes Act and Regulations and work will uperior Safety Codes Inc. is not liable for any decision per frequency and the manner in which they are carried attion of Privacy (FOIP) Act. If you have any questions to. Box 219, 4928 Langston Street, Sangudo, AB meowner's Signature (Homeowner permits only) Declaration: By signing this permit I hereby
Master's Certification Number certify that I own or will own and occupy this dwelling.			
Project Value (Materials & Labour): \$			
Expiry Date:/ Name of Cardholder (Print clearly): Signature of Cardholder:			