

FOR OFFICE USE ONLY

Tax roll no.: _____ eSITE permit no.: 193193- _____

ESTIMATED START DATE (m/d/yr): _____ ESTIMATED COMPLETION (m/d/yr): _____

Project value (materials and labour) \$: _____

CONTACT INFORMATION

Full name of Owner: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Contractor: _____ Contact: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Contractor Business License Number (issued by Lac Ste. Anne County): _____

ELECTRICAL PERMIT INFORMATION

Development permit no.: _____ **Permit type:** Owner Contractor

Street/rural address: _____ Subdivision/hamlet: _____

All or part of: Quarter: _____ Section: _____ Township: _____ Range: _____ W of 5 Meridian

Unit: _____ Lot: _____ Block: _____ Plan: _____

TYPE OF BUILDING	TYPE OF WORK	BUILDING AREA	DESCRIPTION
Residential	Renovation	Main floor: _____ sq.ft.	Amperage _____
Multi-family	New work	Second floor: _____ sq.ft.	Voltage _____
Farm	Connection	Developed basement: _____ sq.ft.	Phase _____
Commercial	Alteration	TOTAL developed: _____ sq.ft.	TYPE OF SERVICE
Industrial	Services		Overhead
Oil and Gas	Services plus connection	Garage area: _____ sq.ft.	Underground
Mobile home	Alternative (solar wind)	<i>attached detached</i>	Unknown
Temporary service	Other _____		

Box 219, Sangudo AB T0E 2A0

T 780.785.3411 TF 1.866.880.5722 F 780.785.2359 E DEVASSISTANT@LSAC.ca www.LSAC.ca

DETAILED DESCRIPTION OF WORK

INSPECTION REQUESTS

Please contact Superior Safety Codes 2 to 5 days before an inspection is required:

Superior Safety Codes, 14613-134 Avenue Edmonton Alberta T5L 4S9
Tel: 780.489.4777 or toll-free: 1.866.999.4777 www.superiorsafetycodes.com

PERMIT APPLICANT DECLARATION

The permit applicant certifies that this installation will be completed in accordance with the *Alberta Safety Codes Act and Regulations* and **work will commence within 90 days**. 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.

Name of Master: _____ Signature: _____

Certificate no.: _____

HOMEOWNER DECLARATION

By signing this permit, I hereby certify that I own and will occupy this dwelling.

Name of Homeowner: _____ Signature: _____

PAYMENT INFORMATION

Invoice Contractor: yes no Business License Number: _____

Permit fee: \$ _____ *SCC levy: \$ _____ **TOTAL FEE: \$** _____

**SCC levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560.00.*

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Date received (m/d/y): _____ Receipt no.: _____

Authorized County personnel: _____

PAYMENT AUTHORIZATION

Service description: _____

AMOUNT \$: _____

CREDIT CARD AUTHORIZATION

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Payment method: Visa MasterCard Interac Cash Cheque

Credit card no.: _____ Expiry date: _____ CVC: _____

Name of Cardholder: _____ Signature of Cardholder: _____

*NOTE: If you plan to submit this application via email, **do not** provide your credit card details. Payment information will be requested by a County representative at the time of processing, and then securely destroyed.*

This personal information is being collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. If you have any questions about the collection, use or disclosure of this personal information, please contact Lac Ste. Anne County FOIP Coordinator at the address below.

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