



# DRUMHELLER COMMUNITY SERVICES



ELECTRIC PERMIT LABEL

## ELECTRICAL PERMIT

Date of Issue: \_\_\_\_\_

Permit Type:  Residential Property Owner/Farmer  Contractor

INSPECTION LOCATION: LOT \_\_\_\_\_ BLK \_\_\_\_\_ PLAN \_\_\_\_\_, \_\_\_\_\_ ¼ SEC \_\_\_\_\_ TWP \_\_\_\_\_ RG \_\_\_\_\_ W \_\_\_\_\_ Mer

Municipality: Town, Village, County or M.D.: \_\_\_\_\_

Street Address/Subdivision/Acreage Name: \_\_\_\_\_

Brief Directions: \_\_\_\_\_

PREMISES OWNED BY: \_\_\_\_\_ Building Occupants: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_ OTHER NUMBERS: \_\_\_\_\_

WE PROPOSE TO DO ELECTRICAL WIRING AT THE ABOVE PREMISES CLASSED AS:

Commercial  Industrial  Residential  Institutional

METHOD OF WIRING:  NMS Cable  Conduit  Armoured Cable

BRANCH CIRCUIT WIRING:  Aluminium  Copper

CONSUMER SERVICE: \_\_\_\_\_ PHASE \_\_\_\_\_ WIRE \_\_\_\_\_ AMPS \_\_\_\_\_ VOLTS

SUPPLY SERVICE REQUIRED: Yes  No

TYPE OF SUPPLY SERVICE: Overhead  Underground  Temporary  Pad Transformer

BRIEF DESCRIPTION OF INSTALLATION: \_\_\_\_\_

\_\_\_\_\_

New House  Garage  Basement Development  Other: Specify \_\_\_\_\_

\* The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The permit will expire in one year. Owner's signature/declaration (homeowner permits only) "I hereby declare I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and assume responsibility for compliance with the applicable Act and Regulations."

Job Value (labour plus materials): \_\_\_\_\_ Total Developed Area (sq. ft.): \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Type of Payment:  Visa  MC  Cheque  Cash Permit Holder Signature\*: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Permit Holder Name: \_\_\_\_\_

VISA / MC #: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

**If Contractor Permit, company information:**

**If Homeowner Permit, owner information:**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Designated SCO Name: \_\_\_\_\_

Designation #: \_\_\_\_\_

SCO Signature: \_\_\_\_\_

**OFFICE USE ONLY**

### Town of Drumheller

703 – 2 Avenue West  
Drumheller, AB T0J 0Y3  
Phone (403) 823-1300  
Fax (403) 823-7739