



Palliser Regional Municipal Services  
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Drumheller, AB T0J 0Y3

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# Annual Electrical Permit Application

Permit Label

Application Date (M/D/Y): \_\_\_\_\_

Superior File Number: \_\_\_\_\_

**Facility Information**

Facility Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Electrician Information**

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Alt Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Project/Plant Location**

Municipality: \_\_\_\_\_ Street Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Subdivision or Hamlet: \_\_\_\_\_

Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rg: \_\_\_\_\_ W of: \_\_\_\_\_

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

**Project/Plant Information**     Commercial     Industrial     Institutional

Project/Plant Use: \_\_\_\_\_

KVA Rating of establishment: \_\_\_\_\_ Projected Annual Electrical Installation costs: \$ \_\_\_\_\_

**Permit Applicant Declaration** The permit applicant certifies that the installation(s) will be completed in accordance with the Alberta Safety Codes Act and Regulations. 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. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act. This permit is only valid for the project/plant location as indicated above. Any installations above \$10,000 each will require a separate permit.

\_\_\_\_\_  
Electrician's Name (Please print)

\_\_\_\_\_  
Electrician's Signature

\_\_\_\_\_  
Electrician's Certification Number

\_\_\_\_\_  
Owner's/Manager's Signature

**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

Payment Method:     Visa     M/C     Debit     Cheque     Cash    Authorization / Cheque Number \_\_\_\_\_

Credit Card #: \_\_\_\_\_    Expiry Date: \_\_\_\_\_    Date of Authorization: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_    Signature of Cardholder: \_\_\_\_\_

**Permit Validation Section** *to be completed by the Permit Issuer.* **PERMIT IS VALID FOR THE YEAR ENDING:** \_\_\_\_\_

Special Conditions: \_\_\_\_\_

\_\_\_\_\_  
Permit Issuer's Name (print or type)

\_\_\_\_\_  
Permit Issuer's Signature

\_\_\_\_\_  
Permit Issuer's Designation Number:

\_\_\_\_\_  
Date of Issue (M/D/Y):



FOR INSPECTIONS CALL  
1-888-717-2344

NOT SURE WHEN TO CALL FOR  
INSPECTION ASK FOR  
**WHEN TO CALL FOR INSPECTION**