



Palliser Regional Municipal Services
224 Centre Street
Drumheller, AB T0J 0Y4

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Electrical Permit Application

Permit Label

Other Permits Required: Building Plumbing Gas PSDS Supply Service Required: Yes No

Permit Type: Owner Contractor Building or Development Permit Number: _____

Application Date (M/D/Y): _____ Estimated Completion Date (M/D/Y): _____

Owner Name: _____ Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____
Alt Phone: _____ Email Address: _____ Fax: _____

Contractor: _____ Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____
Alt Phone: _____ Email Address: _____ Fax: _____

Project Location:
Municipality: _____ Street Address: _____
Unit #: _____ Lot: _____ Block: _____ Plan: _____ Subdivision or Hamlet _____
Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Tax Roll #: _____
Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas
Type of Work: New Renovation Addition Accessory Building Basement Dev. Connection Only Temp Service Other
Service: Amperes: _____ Voltage: _____ Phase: _____ Underground Overhead
Detailed Description of Work: _____
Main Floor: _____ sq. ft.
2nd Floor: _____ sq. ft.
Dev. Basement: _____ sq. ft.
Attached Garage: _____ sq. ft.

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. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

Master's Name (Please print) _____ Master's Signature _____ Homeowner's Signature (Homeowner permits only) _____
Master's Certification Number _____ *Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.*

Project Value (Materials & Labour): \$ _____ Total Developed Area: _____ Sq. Ft
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:
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