



TOWN OF STRATHMORE ELECTRICAL PERMIT APPLICATION

Town of Strathmore Permit Number

Date of Application: _____	Estimated Start Date: _____
Development Permit Number: _____	Est. Completion Date: _____

Accredited Municipality: Town of Strathmore	Civic Address: _____
Lot: _____ Block: _____ Plan: _____	
Part of: _____ ¼ SEC _____ TWP _____ RG _____ W _____ Meridian	

Owner's Name: _____	Phone Number: _____
Mailing Address: _____	Fax number: _____
City/Town: _____ Prov. _____	Postal Code: _____
Email: _____	Home Owner's signature _____

Home 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 Acts and Regulations.

Contractor's Name: _____	Phone Number: _____
Mailing Address: _____	Fax Number: _____
City/Town _____ Prov. _____	Postal Code: _____
Master Certification #: _____	Master Electrician's Signature: _____
Email: _____	

Applicant's Name: _____	Applicant's Signature: _____
Mailing Address: _____	Phone Number: _____
City/Town: _____	Fax Number: _____
Prov. _____ Postal Code: _____	Email: _____

*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 1 year unless otherwise noted.
 **The Permit Applicant acknowledges that No Refunds will be issued after Permit Issuance, the Plan Review process has been initiated, or for Permit Applications that have been pending in excess of 90 days due to lack of information or payment.

Project Information: please check one box from each of the lines below:

Type of Work: New Work Renovation Connection Alteration Other Specify) _____

Intended Use: Institutional Industrial Commercial Residential Basement Development

Supply Service Required: Yes No Service: Amperes: _____ Voltage: _____ Phase: _____

Type of Supply Service: Overhead Underground Temporary Pad Transformer

Value: (labour & materials): _____ Total Development Area: _____ ft²/m²

Description of Work: _____

Permit Fee: _____	Other Fee: _____	SCC Levy: _____	Total Fee: _____
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> Master Card			
Credit Card Payment Information:			
Name of Card Holder _____		Card Number: _____	
Expiry Date _____		CVC Number _____	
<small>(credit card information will not be forwarded outside of the Municipal Office)</small>			

Permit Issuance Information (this section is to be completed by Permit Issuer)	
Date of Issue: _____	Name: _____
Designation No: _____	Signature: _____

Protection of Privacy – The personal information requested on this form is collected under the authority of the Safety Codes Act, the Municipal Government Act and Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purpose of issuing permits, Safety Codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is public information and will be released to the public upon request. Direct any questions about this collection to the Town of Strathmore FOIP Coordinator at 403-934-3133, weekdays.