



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. _____	
Email: _____		Postal Code: _____	
		Home Owner's signature _____	
<small>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.</small>			
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: _____			
<small>*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.</small>			
Project Information: <i>please check one box from each of the lines below:</i> Type of Work: <input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Alteration <input type="checkbox"/> Other Specify) _____ Intended Use: <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Basement Development Supply Service Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Service: Amperes: _____ Voltage: _____ Phase: _____ Type of Supply Service: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Temporary <input type="checkbox"/> Pad Transformer Value: (labour & materials): _____ Total Development Area: _____ ft ² /m ² 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.