



Village of Vilna
 PO Box 10
 VILNA AB T0A 3L0
 Phone: (780) 636 3620
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 www.vilna.ca

Permit Sticker

The Inspections Group Inc.
 12010 – 111 Avenue NW
 EDMONTON AB T5G 0E6
 Phone: (780) 454 5048 / (866) 554 5048
 Fax: (780) 454 5222 / (866) 454 5222
 www.inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: Homeowner Contractor

Cost of Installation (Labour & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations. Section 25(1) of the Permit Regulation AR 204/2007 of the Safety Codes Act RSA 2000, Chapter S-1 state: "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days." Please note that a onetime ninety (90) day extension can be considered when applied for in writing prior to permit expiry date.

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

Owner's Signature / Declaration (Single Family Residential Only)

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I assume responsibility for compliance with the applicable Act and Regulations"

Company Name: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

Master Electrician Number

Master Electrician Name

Master Electrician Signature

Project Location in The Village of Vilna:

Street Address: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

BUILDING TYPE:

- Single / Multi Family Dwelling
 - Commercial
 - Residential
 - Industrial
 - Institutional
- Square Feet: _____

TYPE OF WORK:

- New Work
- Renovation
- Connection
- Temporary Service
- Other

SERVICE INFORMATION:

Does this installation Require a Service Connection
 Yes No

SUPPLY SERVICE: Overhead Underground

Service Information: Amps: _____
 Volts: _____
 Phase: _____

Description of Work: _____

Payment Type: Cash Cheque C/C Agreement Interac

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

Total Cost: \$ _____

Receipt #: _____

*\$4.50 or 4% of the permit fee maximum \$560.00

TIGI OFFICE USE ONLY

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: DD / MMM / YYYY

REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.