



THIS IS NOT A PERMIT



Date Received: _____

File Number: _____

100 51 Ave | Box 456, Coalhurst T0L 0V0
 Phone: 403-381-3033 | Fax: 403-381-2924 | www.coalhurst.ca

ELECTRICAL PERMIT APPLICATION FORM

Development Permit No.: _____ Estimated Project Completion Date (mm/dd/yyyy): _____

Permit Applicant: Owner Contractor Value of Installation (labour and material): \$ _____

Work has not started Work is in progress Work is complete

Owner / Applicant: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Cell: _____ Email: _____ Fax: _____

Contractor: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Contractor Name: _____ Cell: _____ Email: _____ Fax: _____

Project Location: Municipality: Town of Coalhurst Subdivision Name: _____ Tax Roll No.: _____

Street/Rural Address: _____ Postal Code: _____

Lot: _____ Block: _____ Plan: _____ Legal Subdivision: _____ Section: _____ Township: _____ Range: _____ West of: _____

Directions: _____

Please Provide a Detailed Description of Work:

TYPE OF OCCUPANCY	TYPE OF WORK	SERVICE AND DEVELOPED AREA
<input type="checkbox"/> Single Residential <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Skid Units <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Connection Only <input type="checkbox"/> Other: _____	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground <div style="text-align: right;"> <input type="checkbox"/> ft² <input type="checkbox"/> m² </div> Amps: _____ Main Floor: _____ Volts: _____ 2 nd Floor: _____ Phase: _____ Developed Basement: _____ Garage: _____ Other: _____ Total Developed Area: _____

FOIPP Notification: The personal information required by the Town of Coalhurst application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Town of Coalhurst at 403-381-3033 or 100 51 Ave | Box 456, Coalhurst T0L 0V0.

 Master Electrician's Name (print) Master Electrician's Signature

Master Electrician's Certification No.: _____

 Homeowner's Signature (homeowner permit only)
Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.

Office Use Only			
Permit Fee: \$ _____	SCC Levy: _____	Issuing Officer's Name: _____	
Total Cost: \$ _____	(\$4.50 or 4% of the permit fee maximum \$560.00)	Issuing Officer's Signature: _____	
Receipt No.: _____		Designation No.: _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque Invoiced _____		Permit Issue Date (mm/dd/yyyy): _____	