



801-1 Street; Box 10
 Thorhild, AB T0A 3J0
 Ph. 780.398.3741
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 www.thorhildcounty.com

Electrical Permit Application



Other Permits Required under Separate Application:
 Building Gas
 Plumbing Private Sewage
 Permit Type: Owner Contractor
 Application Date (M/D/Y): _____

eSITE Permit Number: 314314-_____
 Development Permit Number: _____
 Estimated Completion Date (M/D/Y): _____

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

Contractor: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Fax: _____ Email Address: _____

Street or Rural Address: _____ Subdivision or Hamlet Name: _____
 Unit #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
 Directions: _____

Type of Service: Amperes: _____ Voltage: _____ Phase: _____ Underground Overhead

Type of Building:	Type of Work:	Area Being Developed:	Detailed Description of Work:
<input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas	<input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Basement Dev. <input type="checkbox"/> Temp Service <input type="checkbox"/> Accessory Building <input type="checkbox"/> Connection Only <input type="checkbox"/> Other _____	Main Floor: _____ sq. ft. 2 nd Floor: _____ sq. ft. Developed Basement: _____ sq. ft. Garage: _____ sq. ft. <input type="checkbox"/> Detached <input type="checkbox"/> Attached Total Developed: _____ 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 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): \$ _____
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
 Credit Card #: _____ Expiry Date: _____ Cheque Number: _____
 Name of Cardholder: _____ Signature of Cardholder: _____

Permit Validation Section to be completed by the Permit Issuer:
 Special Conditions: _____

 SCO's Name (print or type) _____ SCO's Signature _____
 SCO's Designation Number _____ Date of Issue (M/D/Y): _____

INSPECTION REQUESTS please contact Superior Safety Codes at:
 Ph. 780.489.4777 or 1.866.999.4777
 Allow 48 hours notice for inspection