

Summer Village of Seba Beach

PO Box 190 SEBA BEACH AB TOE 2B0 Phone: (780) 797 3863 Fax: (780) 797 3800 www.sebabeach.ca

PERMIT STICKER

The Inspections Group Inc.

12010 – 111 Avenue NW EDMONTON AB T5G 0E6

Phone: (780) 454 5048 Toll Free: (866) 554 5048 Fax: (780) 454 5222 Toll Free: (866) 454 5222

www.inspectionsgroup.com

ELECTRICAL PERMIT APPLICATION FORM

Application Date: <u>DD / MMM / YYYY</u>		Estimated Project Completion Date:DD / MMM / YYYY	
Applicant Type: Homeowner Contractor	sloted in accordance with the Alberta Safety	Cost of Installation (Labour & Material) \$ Codes Act. A permit may expire 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. An extension can be considere	d when applied for in writing prior to permit expiry date.	
0		A.I.	
		ng Address:	
City:Prov	r: Postal Code:	Phone:Fax:	
Overage Circuit Protection (Circula Familia Pari	dential Only	Cell: Email:	
	ch the work will be conducted, and re	eside or will reside on the property. I am doing the work myself, and assume responsibility	
for compliance with the applicable Act and Regulations"			
Company Name	Maili	ng Address:	
City:Prov	r: Postal Code:	Phone:Fax:	
Cell:Ema	il:		
Master Electrician Number	Master Electrician Nam	e Master Electrician Signature	
Project Location in the Summer Village of Seba Beach:			
Street Address:			
Legal Subdivision: Part of: Sec	tion: lownship	p: Range: West of:	
Subdivision Name:	Lot:	Block: Plan:	
Directions:			
BUILDING TYPE:	TYPE OF WORK:	SERVICE INFORMATION:	
☐ Single / Multi Family Dwelling	☐ New Work	Does this installation Require a Service Connection	
☐ Commercial	☐ Renovation	Yes No	
☐ Residential	☐ Connection	SUPPLY SERVICE: ☐ Overhead ☐ Underground Service Information: Amps:	
☐ Industrial	☐ Temporary Service	Service Information: Amps: Volts:	
☐ Institutional	☐ Other	Phase:	
Square Feet:			
Description of Work:	l		
Description of Work.			
I the permit applicant understand and acknowledge inspection stages will take place at my request. A		r FINAL Accept Other:	
inspections requested will be charged at a rate of \$85	per inspection Decline	☐ Decline	
(plus Levy).	*Residential Contra	cants must select 2 stages of inspection with a value of work over \$500 actors may select only 1 inspection with a value of work under \$4,000	
(Applicant Signature)		d inspections will be charged at \$85/ Inspection (plus Levy)	
Payment Type: ☐ Cash ☐ Cheque ☐ C	/C Agreement	TIGI OFFICE USE ONLY	
Permit Fee: \$		Issuing Officer's Name:	
		Issuing Officer's Signature:	
+ SCC Levy*: \$		Designation Number:	
Total Cost: \$	Receipt #:	Permit Issue Date:DD _/ _MMM _/ _YYYY	
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REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO DRYWALL FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for 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 available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.