

Bag 1010 Bonnyville, AB T9N 2J7
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M. D. OF BONNYVILLE NO. 87 ELECTRICAL PERMIT

ELECTRICAL LABEL

**Please call the MD office prior to concealment to book an inspection.
Minimum 48 hours notice is required.**

Electrical Permit #: _____ Roll #: _____ Application Date: _____
Development Permit #: _____ Permit Issue Date: _____
Permit Type: Residential Property Owner Certified Contractor

Does this installation require building and development permits: Yes No

Legal Location: PLAN _____ BLK _____ LOT _____ PART _____ 1/4 SEC _____ TWP _____ RG _____ W4M

Rural Address: _____

Owner Name: _____

Mailing Address: _____ Postal Code: _____

Phone Number: _____ Other Phone Number: _____

Email: _____

Description of Installation: _____

WE PROPOSE TO DO ELECTRICAL WIRING AT THE ABOVE PREMISES CLASSED AS:

Residential Commercial Industrial Institutional Recreational

METHOD OF WIRING: NMS Cable Conduit Armoured

BRANCH CIRCUIT WIRING: Aluminum Copper

CONSUMER SERVICE: PHASE _____ WIRE SIZE _____ AMPS _____ VOLTS _____

DOES THE INSTALLATION REQUIRE A SERVICE CONNECTION: YES NO

TYPE OF SUPPLY SERVICE: Overhead Underground Temporary Pad Transformer

Is this installation Solar: YES NO

If yes, is it: Grid-Tied System Off the Grid System

Number of KW (Kilowatts): _____

If YES is checked, a single line diagram must be provided for permit approval

New House Garage Basement Development Other: Specify _____

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 may expire in one year. 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 Act and Regulations.

Total Permit Fee: _____ Job Value: _____

Payment: Cheque Cash Interac

MasterCard Visa Invoice Account

Permit Issuer Name: _____

Designation #: _____

Permit Issuer Signature: _____

Agency: _____ Admin: _____

(6108) (6114)

Safety Codes: _____ R#: _____

(6109)

OFFICE USE ONLY

Permit Holder Signature: _____

Permit Holder Name: _____

Certification Number: _____

Estimated Start Date: _____

Estimated Completion Date: _____

Company Name: _____

Mailing Address: _____

Postal Code: _____

Phone: _____ Fax: _____

Email: _____

The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.
Information on this form may be used by the Authority having Jurisdiction.