

Electrical Permit Application

Type of Construction (check one)		<input type="checkbox"/> New Construction	<input type="checkbox"/> Renovation to Existing
DATE:	PERMIT NO. _____		
Applicant/Contractor:	PERMIT FEE \$ _____		
Address:	Phone #: _____		
Email Address:	Master Electrician Cert #: _____		
Owner:	Phone #: _____		
Address: <small><input type="checkbox"/> (check, if same as installation address)</small>			
Installation Address:			
Residential Permit Type (check all that apply)			
<input type="checkbox"/> Single Family	Sqft Area	<input type="checkbox"/> Addition	Sqft Area
<input type="checkbox"/> Duplex / Triplex	Sqft Area	<input type="checkbox"/> Panel Change	Minimum Fee
<input type="checkbox"/> Attached Garage	Included with dwelling	<input type="checkbox"/> Service Upgrade	Flat Fee
<input type="checkbox"/> Detached Garage	Flat Fee	<input type="checkbox"/> Temporary	Flat Fee
<input type="checkbox"/> Renovation	Sqft Area	<input type="checkbox"/> Hot Tub	Flat Fee
<input type="checkbox"/> Basement Dev and/or	Flat Fee	<input type="checkbox"/> Swimming Pool	Minimum Fee
<input type="checkbox"/> Secondary Suite		<input type="checkbox"/> Res. Solar Panels	Flat Fee
<input type="checkbox"/> Manufactured Home	Flat Fee	<input type="checkbox"/> Other	
Commercial Permit Type			
<input type="checkbox"/> Multi-Family	Installation Cost \$	<input type="checkbox"/> Office	Installation Cost \$
<input type="checkbox"/> Apartment	Installation Cost \$	<input type="checkbox"/> Mall	Installation Cost \$
<input type="checkbox"/> Institutional	Installation Cost \$	<input type="checkbox"/> Industrial	Installation Cost \$
<input type="checkbox"/> Public	Installation Cost \$	<input type="checkbox"/> Restaurant	Installation Cost \$
<input type="checkbox"/> Mercantile/CRU	Installation Cost \$	<input type="checkbox"/> Other	
Electrical Service Installation Detail (Application will not be processed without the following information)			
Service: Voltage _____ / _____ Amps _____ Phase _____ Wire Size _____			
Basic Wiring:			
Building/Installation Description:			
To arrange for an inspection telephone 403-529-8208 or fax request to 403-502-8036 before 1:00 p.m. to ensure next business day scheduling.			

NOTE: 1) The issuance of a home owner permit is conditional upon a signed **Homeowner Acceptance Form** being submitted.
2) Electrical contractors must call City **Electrical Distribution Department at 529-8270** to release the permit for electrical connections.

Master Electrician/Owner Signature: _____ Authorization: _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. The personal information on this form is being collected for the purpose of an Electrical Permit Application under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, and is protected by the Act. If you have any questions about the information being collected, contact the City of Medicine Hat FOIP Head at 403-529-8234.