

ELECTRICAL PERMIT APPLICATION

CONTRACTOR PERMIT <input type="checkbox"/>		HOMEOWNER PERMIT <input type="checkbox"/> (Homeowner waiver required)		Date	
CONTRACTOR INFORMATION (please print clearly)					
COMPANY Name		Phone:		Email:	
MASTER Electrician		Certificate M-		Expiry Date	
LAND OWNER Consent		By completing this application, I hereby provide assurances that I have the authority from the registered landowner/lease/tenant to construct on the PROJECT address listed below			
APPLICANT/HOMEOWNER Signature (req'd)					
OWNER INFORMATION (to be completed for ALL permit applications, please print)					
CURRENT OWNER					
Address		Phone:		Email:	
City		Prov:		Postal code:	
OWNER Confirmation		The Current Owner listed on this application is; <input type="checkbox"/> the current land owner as registered with Alberta Land Titles, OR <input type="checkbox"/> a recent purchaser of the property and has supplied evidence of purchase (must be attached)			
PROJECT INFORMATION (to be completed for ALL permit applications, please print)					
Alberta Permit Regulations – 20(e) An application for a permit and any information required to be included with the application must be submitted in a form and in a manner satisfactory to the permit issuer and the application must describe the undertaking, including information, satisfactory to the permit issuer, regarding the technical nature and extent of the undertaking.					
PROJECT Address				Expected Start Date (Req'd)	
PROJECT Undertaking					
BUILDING Use:		Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/>		CONSTRUCTION VALUE (required non-res work)	
Type of Work		New Construction (load calculations required) <input type="checkbox"/>		Alterations/Improvements <input type="checkbox"/> Service/Maintenance/Replacement <input type="checkbox"/>	
Electrical Service Details		New Service <input type="checkbox"/>		Upgrade Existing Service <input type="checkbox"/>	
		Panel Change Only <input type="checkbox"/>		Temp Service <input type="checkbox"/>	
Voltage /		Amps		Phase	
				Wire Size	
				Basic Wiring	
Existing Electrical Service Information			NEW Electrical Service Load Calculations		
Existing Electrical Service Size		Additional Electrical Loads to be added		Proposed Electrical Service Size	
Amps		Amps		Amps	
				Watts	
				Amps	
				Size and Type of Service Conductors (AWG/kcmil)	
Residential Work Items			Commercial Work Items (Non- Res Work)		
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex (Includes alteration and renovations to existing) SQFT			Multi-Family/Condo		Residential Apartment
			Institutional/Care		Industrial/Warehouse
<input type="checkbox"/> Manufactured Home Connection SQFT			Public/Schools		Office/Personal Services
<input type="checkbox"/> Detached Garage/Accessory Building CV			Mercantile/CRU		Mall/Retail Space
<input type="checkbox"/> Basement Development/Secondary Suite SQFT			Restaurant		Wind Generation
<input type="checkbox"/> Renewable Energy - Solar Panels QTY			Other		
<input type="checkbox"/> Hot Tub <input type="checkbox"/> Swimming Pool EA					

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 questions about the collection or use of the personal information provided, contact the City of Medicine Hat FOIP Head 403-529-8221.