

COUNTY OF THORHILD

P.O. Box 10

Thorhild, Alta. T0A 3J0

Phone: (780) 398-3741

Fax: (780) 398-3748

The Inspections Group Inc.

12010 - 111 Avenue

Edmonton, Alta. T5G 0E6

Phone: (780) 454-5048

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ELECTRICAL PERMIT

Date of Application: (Y/M/D) _____ / _____ / _____

PERMIT #: _____

Please Print Information Clearly!

TYPE OF OCCUPANCY (indicate major occupancy)	TYPE OF WORK	TYPE OF BUILDING OR INSTALLATION	USE OF BUILDING(S) OR INSTALLATION
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> NEW	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> INSTITUTIONAL
<input type="checkbox"/> FARM/RANCH	<input type="checkbox"/> REWIRE/RENOVATING	<input type="checkbox"/> MULTIPLE FAMILY	<input type="checkbox"/> PUBLIC SERVICE
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> ADDITIONS	<input type="checkbox"/> TEMPORARY SERVICE	<input type="checkbox"/> RETAIL/WHOLESALE SERVICE/OFFICE
<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> CONNECTION ONLY	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PETRO/CHEMICAL INDUSTRY
<input type="checkbox"/> OILFIELD/GAS	<input type="checkbox"/> ELECTRICAL UTILITY	<input type="checkbox"/> HAZARDOUS LOCATION (wiring)	<input type="checkbox"/> AGRICULTURAL
<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> COMMUNICATION	<input type="checkbox"/> RELOCATEABLE UNIT	<input type="checkbox"/> LUMBER/PULP INDUSTRY
	<input type="checkbox"/> SIGN/OUTLINE LIGHTING	<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____
	<input type="checkbox"/> OTHER _____		

- Name of Municipality : **County of Thorhild**
- Municipal Address (if applicable) _____
- Legal Description: Quarter _____ Section _____ Township _____ Range _____ W. of _____ Meridian or
- Subdivision Name (if applicable) _____ Lot _____ Block _____ Plan _____
- Premises owned by _____ Premises occupied by _____
- Does this installation require a service connection? YES NO
- Permit Type: Residential Property Owner Certified Contractor

WIRING DETAIL: RATING OF SERVICE: Voltage _____ Amperes _____ Phase _____
 METHOD OF WIRING: NMS Cable Conduit Armoured Cable
 THE SUPPLY SERVICE REQUIRED WILL BE: Overhead Underground Pad Transformer None
 BRIEF DESCRIPTION OF INSTALLATION _____

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 and expires after one year without an extension request.

Master Electrician _____ Master No. _____

Applicant/Contractor/Firm

Name _____

Address: _____ City _____ Postal Code _____

Phone No. _____ Fax No. _____ Signature _____

TYPE OF PAYMENT: ___ CASH ___ CHEQUE ___ VISA
 ___ INTERAC ___ OTHER

Cost of Installation (labour plus materials) \$ _____

Permit Fee \$ _____ + (S.C.C.Fee)

Total Fees \$ _____

AUTHORIZATION

Issuing Officer _____

Designation # _____

Date Issued _____

Contact: The Inspections Group for inspection requests @ 1-866-554-5048 (toll free), allowing two working days notice!