



Town of Ponoka
 200, 5604-50 Street
 Ponoka, AB T4J 1G5
 Phone: (403) 783-4431
 Fax: (403) 783-6745

Electrical Permit Application

Permit Label

eSITE Permit Number: 254254-_____

Other Permits Required: Building Plumbing Gas PSDS Supply Service Required: Yes No

Permit Type: Owner Contractor Development Permit Number: _____

Application Date (M/D/Y): _____ Estimated Completion Date (M/D/Y): _____

Owner Name: _____ **Mailing Address:** _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____
 Alt Phone: _____ Email Address: _____ Fax: _____

Contractor: _____ **Mailing Address:** _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____
 Alt Phone: _____ Email Address: _____ Fax: _____

Project Location: TOWN OF PONOKA Street Address: _____
 Unit #: _____ Lot: _____ Block: _____ Plan: _____ Subdivision Name _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Tax Roll #: _____
 Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas
Type of Work: New Renovation Addition Accessory Building Basement Dev. Connection Only Temp Service Other
Type of Service: Amps: _____ Voltage: _____ Phase: _____ U/G O/H
Detailed Description of Work:
Main Floor: _____ sq. ft.
2nd Floor: _____ sq. ft.
Dev. Basement: _____ sq. ft.
Garage: _____ sq. ft.
 Detached Attached

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

Master's Name (Please print) _____ Master's Signature _____ Homeowner's Signature (Homeowner permits only) _____
 Master's Certification Number _____ *Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.*

Project Value (Materials & Labour): \$ _____ **Total Developed Area:** _____ Sq. Ft
Permit Fee: \$ _____ ***SCC Levy:** \$ _____ **TOTAL FEE:** \$ _____
 *SCC Levy is 4% with a minimum of \$4.50 and a maximum of \$560
 Payment Method: Visa M/C Debit Cheque Cash Authorization / Cheque Number _____
 Credit Card #: _____ CVV # _____ Expiry Date: _____ Date of Authorization: _____
 Name of Cardholder: _____ Signature of Cardholder: _____

Permit Validation Section to be completed by the Permit Issuer:
 Special Conditions: _____
 Permit Issuer's Name (print or type) _____ Permit Issuer's Signature _____
 Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____