



Mountain View
C O U N T Y

ELECTRICAL PERMIT APPLICATION

PREP2012 _____

1408 Twp. Rd. 320 / Postal Bag 100, Didsbury, AB Canada TOM OWO
T 403.335.3311 F 403.335.9207 Toll Free 1.877.264.9754
www.mountainviewcounty.com

Permit Type: Owner Contractor **DP #** _____ **BP** _____
Application Date (M/D/Y): _____ **Other Permits/Applications:** Building Gas Plumbing PSDS

Landowner: _____
Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
Phone: _____ Fax: _____ Alternate Phone: _____
Email Address: _____

Applicant: _____
Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
Phone: _____ Fax: _____ Alternate Phone: _____
Email Address: _____

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

Legal: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ **Roll Number (Office Use):** _____
Plan: _____ Block: _____ Lot: _____ **Rural Address:** _____
Directions: _____

Estimated Completion Date: _____

<p>Type of Work:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New Construction <input type="checkbox"/> Manufactured Home (connection only) <input type="checkbox"/> Modular Home <input type="checkbox"/> Relocation <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Accessory Building <input type="checkbox"/> Temporary Service 	<p>Building Use:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Agricultural <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Other (please specify): _____ 	<p>Service:</p> <p>Supply Service Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Amperes _____</p> <p>Voltage _____</p> <p>Phase _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Underground <input type="checkbox"/> Overhead
--	---	--

Total sq footage: _____ sq ft **Estimated Installation Cost:** \$ _____
(Required for New Construction – Residential Dwelling Unit) *(Required for all other development, except manufactured home connection)*

Description of Project Work:

INSPECTION REQUESTS please contact Superior Safety Codes at:
Phone 403-717-2344 or 1-888-717-2344 Fax 403-717-2340 or 1-888-717-2340
Allow 48 hours notice for inspection

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 and generally expires after one year without an extension request. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Mountain View County and its accredited agency are 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 of Privacy Act.

I (am/represent)* the owner of the land and (will be/represent)* the owner of the building for which I am submitting this permit application. I have read and understood the statements printed on this form. I agree to all applicable laws in this jurisdiction.

*Strike out non-applicable word

Name (Please print)

Signature

Master's Certification Number

Payment Method: Visa M/C Debit Cheque Cash Auth / Chq. Number _____

Name of Cardholder: _____ Signature of Cardholder: _____

Credit Card #: _____ Expiry Date: _____ Date of Auth: _____

Permit Fee: \$ _____ *SCC Levy: \$ _____ (*4% of permit fee with a minimum of \$4.50)

TOTAL FEE: \$ _____

Office Use Only

Permit Validation Section to be completed by 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): _____

**INSPECTION REQUESTS please contact Superior Safety Codes at:
Phone 403-717-2344 or 1-888-717-2344 Fax 403-717-2340 or 1-888-717-2340
Allow 48 hours notice for inspection**

Bylaw No. 15/10
Schedule E - Excerpt
 Planning and Development Services

RESIDENTIAL ELECTRICAL PERMIT FEES

New Single Family Dwelling Residential

Square Footage	Homeowner Fee	Contractor Fee
Up to 500	\$130.00	\$130.00
501 - 1000	\$180.00	\$130.00
1001 - 1500	\$200.00	\$140.00
1501 - 2000	\$220.00	\$150.00
2001 - 2500	\$240.00	\$160.00
2501 - 5000	\$260.00	\$180.00
5001 - 7500	\$280.00	\$230.00

Other than New Single Family Residential (basement development, garage, addition, renovation, minor work)

Installation Cost	Homeowner Fee	Contractor Fee
\$0 - \$500	\$75.00	\$75.00
\$501 - \$1000	\$100.00	\$85.00
\$1001 - \$2000	\$130.00	\$100.00
\$2001 - \$3000	\$150.00	\$120.00
\$3001 - \$4000	\$160.00	\$130.00
\$4001 - \$5000	\$170.00	\$140.00
\$5001 - \$6000	\$180.00	\$150.00
\$6001 - \$7000	\$190.00	\$160.00
\$7001 - \$8000	\$200.00	\$170.00
\$8001 - \$9000	\$210.00	\$180.00
\$9001 - \$10,000	\$220.00	\$190.00

Description	Homeowner Fee	Contractor Fee
Temporary Service 100 Amps or less	\$80.00	\$80.00
Manufactured / Mobile Home Connection	\$80.00	\$80.00

Add 4% Safety Codes Council Fee for each permit issued with a minimum of \$4.50 and a maximum of \$560.00

***Please see Page 2 for Non-Residential Electrical Permit Fees.**

INSPECTION REQUESTS please contact Superior Safety Codes at:
Phone 403-717-2344 or 1-888-717-2344 Fax 403-717-2340 or 1-888-717-2340
Allow 48 hours notice for inspection

NON-RESIDENTIAL ELECTRICAL PERMIT FEES (Contractors Only)	
Electrical Installation Cost	Fee
\$0 - \$1000	\$75.00
\$1001 - \$2000	\$85.00
\$2001 - \$3000	\$100.00
\$3001 - \$4000	\$120.00
\$4001 - \$5000	\$130.00
\$5001 - \$6000	\$140.00
\$6001 - \$7000	\$150.00
\$7001 - \$8000	\$160.00
\$8001 - \$9000	\$170.00
\$9001 - \$10,000	\$180.00
\$10,001 - \$11,000	\$190.00
\$11,001 - \$12,000	\$200.00
\$12,001 - \$13,000	\$210.00
\$13,001 - \$14,000	\$220.00
\$14,001 - \$15,000	\$225.00
\$15,001 - \$16,000	\$235.00
\$16,001 - \$18,000	\$245.00
\$18,001 - \$20,000	\$255.00
\$20,001 - \$25,000	\$280.00
\$25,001 - \$30,000	\$305.00
\$30,001 - \$35,000	\$340.00
\$35,001 - \$40,000	\$365.00
\$40,001 - \$50,000	\$405.00
\$50,001 - \$60,000	\$435.00
\$60,001 - \$80,000	\$495.00
\$80,001 - \$100,000	\$580.00
\$100,001 - \$120,000	\$665.00
\$120,001 - \$140,000	\$750.00
\$140,001 - \$160,000	\$835.00
\$160,001 - \$180,000	\$920.00
\$180,001 - \$200,000	\$1,005.00
Over \$200,000	\$2.50 / \$1,000

**INSPECTION REQUESTS please contact Superior Safety Codes at:
Phone 403-717-2344 or 1-888-717-2344 Fax 403-717-2340 or 1-888-717-2340
Allow 48 hours notice for inspection**