



**Mountain View**  
C O U N T Y

# ELECTRICAL PERMIT APPLICATION

Permit Number

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: \_\_\_\_\_

<b>Type of Work:</b> <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	<b>Building Use:</b> <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): _____	<b>Service:</b> Supply Service Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Amperes _____ Voltage _____ Phase _____ <input type="checkbox"/> Underground <input type="checkbox"/> Overhead
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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:

**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): \_\_\_\_\_

**Bylaw No. 17/06  
Schedule E – Excerpt  
Planning and Development Services**

**RESIDENTIAL ELECTRICAL PERMIT FEES**

<b>New Single Family Dwelling Residential</b>		
<b>Square Footage</b>	<b>Homeowner Fee</b>	<b>Contractor Fee</b>
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

<b>Other than New Single Family Residential (basement development, garage, addition, renovation, minor work)</b>		
<b>Installation Cost</b>	<b>Homeowner Fee</b>	<b>Contractor Fee</b>
\$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

<b>Description</b>	<b>Homeowner Fee</b>	<b>Contractor Fee</b>
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.

**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:  
Ph. 403-717-2344 or 1-888-717-2344 Fax 403-717-2340 or 1-888-717-2340  
Allow 48 hours notice for inspection