



PERMIT LABEL

HOMEOWNER ELECTRICAL PERMIT APPLICATION

DATE OF APPLICATION: _____ DEVELOPMENT PERMIT #: _____ ESITE #: **333**

OWNER INFORMATION

Owner Name: _____ Phone: _____
Mailing Address: _____ Fax: _____
City & Postal Code: _____ Email: _____

PROPERTY LOCATION:

MUNICIPALITY: TOWN OF VULCAN CIVIC ADDRESS: _____
LEGAL DESCRIPTION: Lot/Unit _____ Block _____ Plan _____
Subdivision Name: _____ Part of _____ ¼ Sec _____ TWP _____ RG _____ W _____ Mer _____
Brief Directions: _____ Tax Roll #: _____

PROJECT INFORMATION

ESTIMATED START DATE: _____ ESTIMATED COMPLETION DATE: _____

Please be sure to check one of each:
Type of Work: New Work Renovation Connection Alteration Other (Specify): _____
Intended Use: Institutional Industrial Commercial Residential Basement Development
 Garage or Small Accessory Building Other (Specify): _____
Supply Service Required: Yes No Service: Amperes _____ Voltage: _____ Phase: _____
Type of Supply Service: Overhead Underground Temporary Pad Transformer

Value: (Labour and Materials): \$ _____ Total Developed Area: _____ ft²/m²

DESCRIPTION OF WORK: _____

APPLICANT DELCLARATION: I certify that the installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and will commence within 90 days. I understand homeowner permits are to be completed within 365 days.

HOME OWNER DECLARATION: As the homeowner I declare that I am the registered owner of the property where the installation will take place, that I live at or will live at the project address, that I do not rent out this property, construction will not interfere with the electrical, plumbing or gas projects of adjacent properties and the location and capacity of stacks and venting will be appropriate for the added fixtures. I am doing the work myself and assume responsibility for compliance with the applicable Act and Regulations.

I have read and understand the homeowner declaration:

Applicant Name (Print): _____ Signature: _____

FOR OFFICE USE ONLY:

SSCI \$ _____ Town \$ _____)= Permit Fee \$ _____ + SCC Levy \$ _____ = TOTAL FEE \$ _____

Submit permit applications to The Town of Vulcan
321-2nd Street South – Box 360 – Vulcan AB T0L 2B0 – Phone 403-485-2417/Fax 403-485-2914/email admin@townofvulcan.ca – www.townofvulcan.ca
For inspections, please contact Superior Safety Codes at
#25, 2015 – 32 Avenue N.E. Calgary, AB T2E 6Z3 – Phone 1-888-717-2344/Fax 1-888-717-2340
www.Superior.safety.codes.com
The personal information provided as part of this application is collected under section 43 of the Safety Codes Act and sections 303 and 295 of the Municipal Government Act and in accordance with section 32(c) of 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 any questions about the collection or use of the personal information provided, please contact The Town of Vulcan at (403)485-2417