



2nd Floor, 131 Civic Centre Road
Hinton, AB T7V 2E5
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www.hinton.ca

ELECTRICAL PERMIT APPLICATION

All spaces in the application must be completed, including a signature. Blank spaces or missing documents will result in the application being returned.

Permit Type: Owner Contractor

eSITE Permit No.: _____

Application Date (M/D/Y): _____

Development Permit No. (if applicable): _____

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

Building Permit No. (if applicable): _____

Owner Name: _____

Contractor Name: _____

Mailing Address: _____

Mailing Address: _____

City: _____ Prov: _____

City: _____ Prov: _____

Postal Code: _____ Phone: _____

Postal Code: _____ Phone: _____

Cell Phone: _____ Fax: _____

Cell Phone: _____ Fax: _____

Email Address: _____

Email Address: _____

SIGNATURE: _____

Homeowner/Owner Permits (Residential Only)

Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.

Master Electrician Name: _____

Master Electrician Certification Number: _____

SIGNATURE: _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. The personal information provided as part of this application is collected under the authority of the Safety Codes Act and Municipal Government Act and in accordance with Personal information provided pursuant to the provisions sections 11 through 14 of the Protection of Privacy Act (POPA). 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 at 780.865.6010.

PROJECT LOCATION: TOWN OF HINTON

Lot: _____ Block: _____ Plan: _____ Unit #: _____ Street Address: _____

Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of 5 M

Subdivision Name: _____

Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional

Type of Work: New Renovation Addition Accessory Building Basement Development Service Only Hot Tub A/C

Manufactured Home Temp Service Secondary Suite (Contractor Permit Only) Alternative Energy (drawings required) Other

sq. meters sq. feet **Type of Service:** Amps: _____ Voltage: _____ Phase: _____ Underground Overhead

Main Floor Area: _____

DETAILED Description of Work:

2nd Floor Area: _____

Basement Area: _____

Developed Yes No

Garage Area: _____

Detached Attached

Total Developed Area: _____

Work has already started: Yes No

PERMIT FEE & PAYMENT INFORMATION

Permit Fee: \$ _____

Tax Roll Number: _____

*SCC Levy: \$ _____

Project Value (Materials & Labour): \$ _____

* 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

Method of Payment: Visa M/C Interac Cheque Cash

TOTAL FEE: \$ _____

Receipt #: _____

INSPECTION REQUESTS

Contact Superior Safety Codes at 1.866.999.4777

or Email info@superiorsafetycodes.com

or Online <https://secure.superiorsafetycodes.com/requests/verify>

Allow 2 – 5 business days' notice for inspection