



COUNTY OF
NEWELL



PARK ENTERPRISES LTD.
"Inspections by People Who Care!"

File
Number: _____

Date
Received: _____

Tax Roll No.: _____

183037 Range Road 145 P.O. Box 130 Brooks, AB T1R 1B2
Phone: 403-362-3266 | Fax: 888-361-7921 | www.countyofnewell.ab.ca

ELECTRICAL PERMIT APPLICATION FORM

Development Permit No.: _____ Estimated Project Completion Date (mmm/dd/yyyy): _____
Permit Applicant: Owner Contractor Value of Installation (labour and material): \$ _____
 Work has not started Work is in progress Work is complete

Owner / Applicant: _____ Mailing Address: _____
City: _____ Province: _____ Postal Code: _____ Phone: _____
Cell: _____ Email: _____ Fax: _____

Contractor: _____ Mailing Address: _____
City: _____ Province: _____ Postal Code: _____ Phone: _____
Contractor Name: _____ Cell: _____ Email: _____ Fax: _____

Project Location: Municipality: County of Newell Subdivision Name: _____
Street/Rural Address: _____ Postal Code: _____
Lot: _____ Block: _____ Plan: _____ Legal Subdivision: _____ Section: _____ Township: _____ Range: _____ West of: _____
Directions: _____

Please Provide a Detailed Description of Work:

TYPE OF OCCUPANCY	TYPE OF WORK	SERVICE AND DEVELOPED AREA
<input type="checkbox"/> Single Residential <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Skid Units <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Connection Only <input type="checkbox"/> Other: _____	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> ft ² <input type="checkbox"/> m ² Amps: _____ Main Floor: _____ Volts: _____ 2 nd Floor: _____ Phase: _____ Developed Basement: _____ Garage: _____ Other: _____ Total Developed Area: _____

FOIPP Notification: The personal information required by the County of Newell application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the County of Newell at 403-362-3266 or 183037 Range Road 145, PO Box 130, Brooks, AB T1R 1B2.

Master Electrician's Name (print) _____ Master Electrician's Signature _____
Master Electrician's Certification No.: _____ Homeowner's Signature (homeowner permit only) _____
Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.

Office Use Only		
Permit Fee: \$ _____	SCC Levy: _____	Issuing Officer's Name: _____
Total Cost: \$ _____	(\$4.50 or 4% of the permit fee maximum \$560.00)	Issuing Officer's Signature: _____
	Receipt No.: _____	Designation No.: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque		Permit Issue Date (mmm/dd/yyyy): _____