



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

File Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Tax Roll No.: \_\_\_\_\_

502 Center Street | Box 100, Bow Island TOK 0G0  
Phone: 403-545-2522 | Fax: 403-545-6642 | www.bowisland.com

### 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: Town of Bow Island 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 <sup>2</sup> <input type="checkbox"/> m <sup>2</sup> Amps: _____ Main Floor: _____ Volts: _____ 2 <sup>nd</sup> Floor: _____ Phase: _____ Developed Basement: _____ Garage: _____ Other: _____ <b>Total Developed Area:</b> _____

**FOIPP Notification:** The personal information required by the Town of Bow Island 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 Town of Bow Island at 403-545-2522 or 502 Center Street | Box 100, Bow Island TOK 0G0.

Master Electrician's Name (print) \_\_\_\_\_

Master Electrician's Signature \_\_\_\_\_

Homeowner's Signature (homeowner permit only) \_\_\_\_\_

Master Electrician's Certification No.: \_\_\_\_\_

**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.: \_\_\_\_\_  
 Cash  Debit  Cheque Permit Issue Date (mmm/dd/yyyy): \_\_\_\_\_