



IJD Inspections Ltd.
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 www.ijd.ca

PERMIT # _____
 Office Use

ELECTRICAL PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor Application Date (mm/dd/yyyy): _____
 Development Permit No.(if applicable): _____ Estimated Project Completion Date (mm/dd/yyyy): _____

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

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

Municipality of Project: Town of Crossfield Subdivision/Hamlet: _____
 Street/Rural Address: _____ Lot: _____ Block: _____ Plan: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____ M

Description of Work:

- Work has not started Work is in progress Work recently completed Unknown when work was completed (permit needed for home sale)

INTENDED USE			
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Farm/Agri
<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Institutional/ Health	<input type="checkbox"/> Industrial/Processing	
<input type="checkbox"/> Other: _____			
Service Being Installed =>		Amps: _____	Voltage: _____
		Phase: _____	
RESIDENTIAL	RESIDENTIAL AREA	NON-RESIDENTIAL	
<input type="checkbox"/> New Dwelling	<input type="checkbox"/> Ft ² <input type="checkbox"/> M ²	<input type="checkbox"/> New building	<input type="checkbox"/> New Tenant Improvement
<input type="checkbox"/> Addition	<input type="checkbox"/> Main Floor _____	<input type="checkbox"/> Addition	<input type="checkbox"/> Shop
<input type="checkbox"/> Renovation	<input type="checkbox"/> 2 nd Floor _____	<input type="checkbox"/> Renovation	<input type="checkbox"/> Office
<input type="checkbox"/> New detached garage/shop	<input type="checkbox"/> Basement Development _____	<input type="checkbox"/> Base Building Only	<input type="checkbox"/> Warehouse
<input type="checkbox"/> RTM/Mobile Connection Only	<input type="checkbox"/> Attached/Detached Garage _____	<input type="checkbox"/> Store/Retail	<input type="checkbox"/> Livestock Building
<input type="checkbox"/> RTM w/basement development	Total Area Being Wired: _____	<input type="checkbox"/> Pump Jack/Well site	<input type="checkbox"/> Product Manufacturing
<input type="checkbox"/> Alternative Energy	SERVICE / DISTRIBUTION being installed	<input type="checkbox"/> RV Park	<input type="checkbox"/> Alternative Energy
<input type="checkbox"/> EV Charger	<input type="checkbox"/> Underground <input type="checkbox"/> Overhead	<input type="checkbox"/> Annual	<input type="checkbox"/> Irrigation Pivot
<input type="checkbox"/> Genset	<input type="checkbox"/> New Service <input type="checkbox"/> Temporary Service	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Service / Panel Upgrade <input type="checkbox"/> Xfer Switch	Total Material & Labour:	
<input type="checkbox"/> RV Site	<input type="checkbox"/> Service Connection only <input type="checkbox"/> Other: _____	(all intended uses) \$ _____	
<input type="checkbox"/> Other			

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 is authorized under section 4(c) of the Protection of Privacy (POPA) 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 municipality.

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

PERMIT FEE SUMMARY			
Permit Fee:	\$ _____	New Adjusted Fee	\$ _____
Travel Fee:	\$ _____	Adjusted SCC Levy	\$ _____
SCC Levy:	\$ _____	Subtotal	\$ _____
Total Permit Cost	\$ _____	Total Credit/Refund	\$ _____
Receipt#	_____	Receipt #	_____
<input type="checkbox"/> Cash <input type="checkbox"/> E-Transfer (to: permits@ijd.ca) <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card			

Homeowner (homeowner permits) or the Journeyman (contractor permits).
 Contractors are required to obtain a **Business License** through the Town of Crossfield

Email completed application form to: permits@ijd.ca