



CONTRACTOR ELECTRICAL PERMIT APPLICATION

APPLICATION DATE (Y/M/D): _____ COE PERMIT Number: _____
 Combo Project Number: _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. This permit expires after one year without an extension request.

CONTRACTOR INFORMATION:

CONTRACTOR'S COMPANY NAME: _____

CONTRACTOR'S City of Edmonton City Customer ID # (if known) : _____

APPLICANT'S NAME (if different from contractor) _____

APPLICANT IS THE: Owner of Property Master Electrician hired by owner
 Sign Technician hired by owner Owner's representative: _____

CONTRACTOR'S ADDRESS: _____

POSTAL CODE _____ PHONE NUMBER: _____

CELLULAR: _____ FAX: _____

EMAIL: _____

MASTER ELECTRICIAN NUMBER: _____ NAME: _____

MASTER ELECTRICAL SIGNATURE: _____

OR SIGN INSTALLATION TECHNICIAN NUMBER: _____ NAME: _____

OWNER INFORMATION

PROPERTY OWNER'S NAME (Print): _____

CONTACT PHONE # _____

OWNERS CONTACT ADDRESS: _____

PROJECT SITE INFORMATION:

WORK SITE ADDRESS: _____

FLOOR NO: _____ BAY NO: _____

LEGAL SUBDIVISION: Part of: _____ Section: _____ Township _____ Range: _____ West of: _____

PROJECT NAME: _____

JOB SITE CONTACT: NAME _____

PHONE NUMBER: _____

DIRECTIONS: _____

