



Electrical Permit Application Form

FOR INSPECTIONS please contact PARKLAND COUNTY at: Ph. 780-968-8472, Fax: 780-968-3225 or
preceptionist@parklandcounty.com
Allow 48 hours notice for inspection

Permit Type: Owner Contractor

Application Date (M/D/Y): _____ Building Permit Number: _____

Mailing Address			
Owner Name:	_____	Address:	_____
Phone:	_____	City:	_____
		Prov:	_____
		Postal Code:	_____
Alt Phone:	_____	Fax:	_____
		Email Address:	_____

Mailing Address			
Contractor Name:	_____	Address:	_____
Phone:	_____	City:	_____
		Prov:	_____
		Postal Code:	_____
Alt Phone:	_____	Fax:	_____
		Email Address:	_____

Project Location:	_____	ONOWAY	Municipal Address:	_____			
Plan:	_____	Block:	_____	Lot:	_____	Subdivision:	_____
Legal Subdivision:	W of: _____	M Rg: _____	Tw: _____	¼ Sect: _____	Part of: _____	Tax Roll #:	_____
Directions:	_____						

Project Information:	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	<input type="checkbox"/> Multi Family	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional		
Type of Work:	<input type="checkbox"/> New	<input type="checkbox"/> Renovation	<input type="checkbox"/> Relocation	<input type="checkbox"/> Connection	<input type="checkbox"/> Temp Service	<input type="checkbox"/> Basement Development	<input type="checkbox"/> Other
Service:	Amperes: _____	Voltage: _____	Phase: _____	<input type="checkbox"/> Underground	<input type="checkbox"/> Overhead		
Description of Work:	_____						
Project Value (Materials & Labour):	_____	Total Developed Area (if applicable):	_____				

Permit Applicant Declaration: The information collected on this document will be used for the purposes allowed under the authority of the *Municipal Government Act*. The personal information that you provide may be made public, subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Questions regarding the collection and use of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for Parkland County, 53109A HWY 779, Parkland County, Alberta T7Z 1R1 (780-968-3229).

Master's Name (Please Print)	_____	Master's Signature	_____	Homeowner's Signature (Homeowner permits only)	_____
Master's Certification Number:	_____				

Permit Fee: \$	_____	*SCC Levy: \$	_____	(*4% of permit fee with a minimum of \$4.50)	TOTAL FEES: \$	_____
Payment Method:	<input type="checkbox"/> Debit	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	Receipt No.:	_____	
Town of Onoway PO Box 540, 4812 - 51 st Street Onoway, AB T0E 1V0 Phone: 780-967-5338 Fax: 780-967-3226 Email: cao@onoway.ca						