

☐ Cash ☐ Debit ☐ Cheque

Invoiced



210 N 200 W | Box 629, Raymond T0K 2S0 Phone: 403-752-3322 | Fax: 403-752-4379 | www.raymond.c:

Phone: 403-752-3322 Fax: 4	03-752-4379	www.raymond.ca					
	ELE	CTRICAL PERMI	T APPLICATION	N FORM			
Development Permit No.:		Estimate	ed Project Completion	Date (mm/dd/	уууу):		
Permit Applicant: Owner Contractor			Value of Installation (labour and material): \$				
☐ Work has not started ☐ Work is in	progress □ Work						
Owner / Applicant:			Mailing Addr	ess:			
City:		Province	:Postal Code:	:	Phone:		
Cell:Email:				Fax:			
Contractor:			Mailing Addr	ess:			
City:		Province	:Postal Code:	:	Phone:		
Contractor Name:		_Cell:	Email:			Fax:	
Project Location: Municipality: Street/Rural Address: Lot: Block:						<u></u>	
Directions:		ork:					
TYPE OF OCCUPANCY		TYPE OF W	TYPE OF WORK		SERVICE AND DEVELOPED AREA		
☐ Single Residential ☐ Farm/Ranch ☐ Manufactured/Mobile Home ☐ Oil and Gas ☐ Skid Units ☐ Other:		New Connection Only Other:		Amps: Volts: Phase:	2 nd Floor: Developed Garage: Other:	or:	nd □ ft² □ m²
PoliPP Notification: The personal information in Act and will be protected under Part 2 of that Act name of the permit holder and nature of the permit collection to the Town of Raymond at 403-752-33	and section 63 of the Sa it may be included on rep	afety Codes Act. It will be used for ports provided to the municipality	or processing permit application	ations, issuing pe	ermits, safety codes com	pliance monitoring ar	nd verification. Th
Master Electrician's Name (print) Master Electrician's Certification No.:		Master Electrician's Signature		H	Homeowner 's Signature Homeowner Declaration hereby certify that I own	n: By signing this a	pplication I
			Jse Only		. ,		
Permit Fee: \$	SCC Levy:		Issuing Officer's Na	me:			
Total Cost: \$	(\$4.50 or 4% of the permit fee maximum \$560.00)		Issuing Officer's Si	Issuing Officer's Signature:			
	Receipt No.:		Designation No.:				

Permit Issue Date (mm/dd/yyyy):