



**TOWN OF OKOTOKS
COMMERCIAL/INDUSTRIAL/INSTITUTIONAL
ELECTRICAL CONSTRUCTION APPLICATION**

APPLICATION NUMBER:

APPLICATION DATE:

Safety Codes Services • Town of Okotoks Box 20 5 Elizabeth St Okotoks AB T1S 1K1 • Ph 403-938-8916 • Fax 403-938-7387 • safetycodes@okotoks.ca

ELECTRIC DISCIPLINE: New Construction Addition Repair Interior Alteration Exterior Alteration

1. PROJECT LOCATION

MUNICIPAL ADDRESS	Unit / Bay Number	Street Number	Street Name	City/Town	Province
	<input type="text"/>	<input type="text"/>	<input type="text"/>	OKOTOKS	AB
LEGAL DESCRIPTION	Lot **Mandatory Field**	Block	Plan	Zoning	Roll Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. APPLICANT/SUBCONTRACTOR

NAME	Last Name/Company	First Name		
	<input type="text"/>	<input type="text"/>		
MAILING ADDRESS	Street Name	City/Town	Province	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT NUMBER	Contact Number(Office)	Fax Number	Email Address	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

3. REGISTERED PROPERTY OWNER

PROPERTY OWNER	Last Name/Company	First Name			
	<input type="text"/>	<input type="text"/>			
MAILING ADDRESS	Street Number	Street Name	City/Town	Province	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT NUMBERS	Contact Number (Office)	Fax Number	Email Address		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

4. CLASSIFICATION

CLASSIFICATION **COMMERCIAL** **INDUSTRIAL** **INSTITUTIONAL**

Proposed Use of Premise **Previous Use of Premise** Does this installation require a service connection: Yes No

DESCRIPTION OF WORK

Type of Work New Reno Addition Connect Only Other

Estimated Value of Material and Labour \$

I hereby certify this installation will be completed in accordance with the Safety Code Act and Regulations.

I/We hereby make Application under the provisions of the Safety Codes Permitting Bylaw and Amendments thereto, in accordance with the Safety Codes Act, Applicable Regulations, Town Bylaws and Supporting Information submitted herewith which form a part of this Application.

This information is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used for purposes related to the administration of the Safety Codes Program. Should you have any questions regarding the collection of information please contact the FOIP Coordinator at foip@okotoks.ca or 403-938-8944.

5. APPLICANT'S SIGNATURE *Property Owner* *Authorized Agent (Letter required if applicable)*

Printed Name	Last Name	First Name	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Signature	Signature	Contact Number (If different from above)	Extension
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Master Electrician No.	Corporate Title	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	