TOWN OF COCHRANE
Building Safety Codes
101 RancheHouse Rd.
Cochrane, AB   T4C 2K8
Phone: 403-851-2572   Fax: 403-932-2935
Email: safety.codes@cochrane.ca

cochrane
HOW THE WEST IS NOW

Fields marked with an * are required

Contractor Electrical Permit Application

CONTRACTOR INFORMATION

CONTRACTOR*	Phone *
MAILING ADDRESS*	Email *
CITY & POSTAL CODE*	

OWNER INFORMATION

Property Owner Name *	Phone *
Mailing Address *	Email *
City&Postal Code *	
Project Address*	Legal Description Lot/ Unit Block Plan
Construction Type *	Building Permit #
Volts	Amps
Service Connection Required Yes No	Installation Cost *

PERMIT FEES

Residential Developed Floor Area   sq. ft.

(**NB** Fees for new single family, semi-detached residential and accessory suites are based on the combined finished floor area. If the basement is developed that area is to be added.)

PROJECT DETAILS

Estimated Completion Date
(mm,dd,yyyy)

Description of Work *

APPLICANT INFORMATION

APPLICANT DECLARATION I certify that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and will commence within **90 days**. I understand contractor permits are to be completed within **180 days**.

I also understand that by choosing the declaration checkbox I am applying for an electrical permit in the Town of Cochrane

The personal information requested is collected under the Safety Codes Act, Section 63, The Municipal Government Act, Section 301.1, the Alberta Freedom of Information of and Protection of Privacy Act (FOIP) Section 33(c) and will be protected under Part 2 of the FOIP Act. The information is used for issuing permits, safety codes compliance verifications, monitoring and property assessment purposes. Information collected by public bodies forms part of a file that may be available to the public. Please direct any questions about this collection to: FOIP Coordinator, 2nd Floor, 101 Ranchehouse Road, 403-932-2674 or FOIP@cochrane.ca.

Trade*	Master No.*

I have read and understand the declaration

Master Electrician Name(Print)   Application Date(mm,dd,yyyy)