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

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 * Select an Item	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 collected through this permit application will be used to process your application. The information relates directly to and is necessary for the operation of the program or activity applied for and may be input into an automated system to generate content or make decisions, recommendations, or predictions. This information is collected and used under the authority of Section 4(c) of the Protection of Privacy Act and managed in accordance with the Act. For questions about the collection of personal information, please contact ATI@cochrane.ca.

Trade*	Master No.*

I have read and understand the declaration ☐

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