

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 *	Building Permit #
Volts	Amps
Service Connection Required Yes No	Installation Cost *
PERMIT FEES	
Residential Developed Floor Area	sq. ft.
<small>(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.)</small>	
PROJECT DETAILS	
Estimated Completion Date	(mm,dd,yyyy)
Description of Work *	
APPLICANT INFORMATION	
<p>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.</p> <p>I also understand that by choosing the declaration checkbox I am applying for an electrical permit in the Town of Cochrane</p> <p>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.</p>	
Trade*	Master No.*
<p>I have read and understand the declaration</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Master Electrician Name(Print) Application Date(mm,dd,yyyy)</p>	