

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

Homeowner Electrical Permit Application

OWNER INFORMATION

Owner Name *	Phone *
Mailing Address *	Fax
City & Postal Code *	Email *
Project Address *	Legal Description Lot/ Unit Block Plan
Construction Type *	Building Permit #

PERMIT FEES

Residential Finished Floor Area	sq. ft. Installation Cost *
(NB Fees for new single family and accessory suites are based on the combined finished floor area. If the basement is developed that area is to be added.)	
Permit Fee NB Fees shown are reference only and may show differently on invoice	Application Date (mm, dd, yyyy)

PROJECT DETAILS

* Existing Concealed Work?	If "Yes" see the concealed work process
Service Connection Required	Yes No
Estimated Completion Date * (mm,dd,yyyy)	
Description of Work	

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 homeowner permits are to be completed within **365 days**.

Homeowner Declaration As the homeowner I declare that I am the registered owner of the property where the installation will take place, that I live at or will live at the project address, that I do not rent out this property, construction will not interfere with the electrical, plumbing or gas services of adjacent properties and the ampacity of the service or equivalent does not exceed 200 amperes or system voltage does not exceed 300 volts.

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 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.

I have read and understand
the homeowner declaration *

Applicant Name(Print)

Application Date(mm,dd,yyyy)