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 * Select an Item	**Building Permit #**

PERMIT FEES

(**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** $0.00	Application Date (mm, dd, yyyy)

PROJECT DETAILS

* Existing Concealed Work? No 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 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.

I have read and understand the homeowner declaration * ☐

Applicant Name(Print) **Application Date(mm,dd,yyyy)**

Reset Form