



Commercial Electrical Permit Application Form

LOCATION OF WORK:		Street No.	Street Name	Unit/Suite/Room#/Floor	Date
APPLICANT/ CONTRACTOR INFORMATION		Company Name (print)		Contractor License No.	Telephone No.
		E-mail Address		Signature	
NAME OF BUILDER		Tenant Name		RELATED BLDG. PERMIT NO.	CERTIFICATE OF INSPECTION <input type="checkbox"/>
TYPE OF ELECTRICAL WORK	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REWIRE	<input type="checkbox"/> NEW MULTI FAMILY DWELLING*	*INFORMATION FOR PER UNIT FEES (where applicable) Number of new multi-family dwelling units _____ Area of school (new or addition only) _____ sq.m Number of new hotel/motel bedroom units _____ Area of hotel/motel excluding bedroom units _____ sq.m	
	<input type="checkbox"/> REPAIR / EMERGENCY	<input type="checkbox"/> ADDITIONAL WIRING	<input type="checkbox"/> NEW SCHOOL*		
	<input type="checkbox"/> POWERSMART UPGRADE ONLY	<input type="checkbox"/> OTHER ELECTRICAL	<input type="checkbox"/> SCHOOL ADDITION*		
	<input type="checkbox"/> BLDG ALTERATION		<input type="checkbox"/> NEW HOTEL/MOTEL*		
<input type="checkbox"/> BLDG ADDITION		<input type="checkbox"/> OTHER NEW BLDG			
<input type="checkbox"/> TRAVELLING SHOW					
SERVICE AND DISTRIBUTION	SERVICE CONNECTION REQUIRED? <input type="checkbox"/>		TEMPORARY SERVICE? <input type="checkbox"/>		METER CONNECTION REQUIRED <input type="checkbox"/>
	Voltage _____ / _____ V	Phase 1 3	Wire 2 3 4	_____ Amps	\$ _____
	Voltage _____ / _____ V	Phase 1 3	Wire 2 3 4	_____ Amps	\$ _____

NOTE: Plan review (drawings required) for: 400 amp and over; all shaded areas; and equipment over 100 hp.

FIXTURES / DEVICES <input type="checkbox"/> Light fixtures <input type="checkbox"/> 15 amp recepts. <input type="checkbox"/> 15 amp sw. RECEPTACLES OVER 15 A <input type="checkbox"/> @ A <input type="checkbox"/> @ A <input type="checkbox"/> @ A AIR CONDITIONING (specify sizes) <input type="checkbox"/> Fract. hp <input type="checkbox"/> @ hp <input type="checkbox"/> @ hp MOTORS (specify sizes) <input type="checkbox"/> Fract. hp <input type="checkbox"/> @ hp <input type="checkbox"/> @ hp <input type="checkbox"/> Fire Pump hp TRANSFORMERS <input type="checkbox"/> under 1 kVA <input type="checkbox"/> 5 kVA <input type="checkbox"/> 10 kVA <input type="checkbox"/> 15 kVA <input type="checkbox"/> 25 kVA <input type="checkbox"/> 30 kVA <input type="checkbox"/> 45 kVA <input type="checkbox"/> 50 kVA <input type="checkbox"/> 75 kVA <input type="checkbox"/> 100 kVA <input type="checkbox"/> 112 1/2 kVA <input type="checkbox"/> 150 kVA <input type="checkbox"/> 225 kVA <input type="checkbox"/> @ kVA	HEATING APPLIANCES / EQUIPMENT <input type="checkbox"/> Not over 2 kW <input type="checkbox"/> 2 kW to 5 kW <input type="checkbox"/> 5 kW to 15 kW <input type="checkbox"/> Over 15 kW <input type="checkbox"/> Fuel burn equipment <input type="checkbox"/> Domestic pkg type <input type="checkbox"/> Ind./Com Package Units PANELBOARDS (enter volts) <input type="checkbox"/> under 100A (____v) <input type="checkbox"/> 100A (____v) <input type="checkbox"/> 125A (____v) <input type="checkbox"/> 200A (____v) <input type="checkbox"/> 225A (____v) <input type="checkbox"/> 400A (____v) <input type="checkbox"/> 600A (____v) <input type="checkbox"/> _____A _____V FIRE ALARM EQUIPMENT <input type="checkbox"/> Control Units / Annunc. <input type="checkbox"/> Audible Signal Appliances <input type="checkbox"/> Visual Signal Appliances <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Heat Detectors <input type="checkbox"/> Manual Pull Stations <input type="checkbox"/> Sprinkler Flow Switches <input type="checkbox"/> Sprinkler Supv. Devices	LIFE SAFETY EQUIPMENT <input type="checkbox"/> Smoke Alarms <input type="checkbox"/> CO Detectors <input type="checkbox"/> Em Lighting Batt. Banks <input type="checkbox"/> Exit Signs SPRAY BOOTHS / EXTERIOR WORK <input type="checkbox"/> Lamp Standards <input type="checkbox"/> Car Heater Receptacles <input type="checkbox"/> Gas/fuel Dispen. Device <input type="checkbox"/> Spray Booths _____m ² SWITCHES OVER 15 AMPS <input type="checkbox"/> 30 Amp <input type="checkbox"/> 60 Amp <input type="checkbox"/> 100 Amp <input type="checkbox"/> 200 Amp <input type="checkbox"/> 400 Amp <input type="checkbox"/> 600 Amp <input type="checkbox"/> _____A CAPACITORS <input type="checkbox"/> @ _____kVAR <input type="checkbox"/> @ _____kVAR EMERGENCY GENERATORS <input type="checkbox"/> @ _____kW HIGH VOLTAGE EQUIPMENT <input type="checkbox"/> HV Services _____kV <input type="checkbox"/> HV Unit/Cell _____kV <input type="checkbox"/> HV Equip. _____kV	AUDIO, DATA, VIDEO & SECURITY SYSTEMS <input type="checkbox"/> Intrusion Alarm Panels <input type="checkbox"/> Intrusion Alarm Devices <input type="checkbox"/> Speakers <input type="checkbox"/> Amplifiers <input type="checkbox"/> CCTV Outlets <input type="checkbox"/> Data Outlets <input type="checkbox"/> Data Racks <input type="checkbox"/> Nurse Call Control Panel/ Annunciator <input type="checkbox"/> Nurse Call Devices <input type="checkbox"/> Fibre Optic Cable DOOR CONTROLS <input type="checkbox"/> Electric Strikes <input type="checkbox"/> Door Holders <input type="checkbox"/> REX Sensors/PB's <input type="checkbox"/> Card Readers <input type="checkbox"/> Mag. Locks MACHINE/HVAC CONTROLS <input type="checkbox"/> Control Devices** <input type="checkbox"/> Machine Control Panel **Includes photoeyes, encoders, limit switches, solenoids, thermostats, etc. EMPTY RACEWAY <input type="checkbox"/> metres
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WORK OTHER THAN LISTED / DESCRIPTION OF WORK _____

Enter total of all Equipment Fees or Applicable Per Unit Fees	\$	+	Certificate of Inspection Fee (if requested)	\$	=	\$
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If fees reduction has been applied (Fees Bylaw Subsection 122) please identify the equipment and check this box.

Submit completed form to the Zoning & Permits Branch, Unit 31 - 30 Fort Street, or fax to 204-986-6347