



CURRENT PLANNING
 5th FLOOR, 10250 - 101 STREET NW
 EDMONTON, ALBERTA
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**INTERNET ONLINE PERMITTING APPLICATION FORM
FOR ELECTRICAL CONTRACTORS**

BUSINESS NAME: _____

Contact Person Name: _____ **Phone Number:** _____

Address: _____

City: _____ **Postal Code:** _____

Business Phone : _____ **Fax :** _____

E-MAIL ADDRESS: _____

City Of Edmonton Business License No. _____

Signing Master Electrician Information: *NOTE: Your Master must sign to acknowledge they are the signing master for your company. Your master Electrician must notify us in writing if they no longer are the signing master for your company.

Signing Master's Name (Print) : _____

Master # _____ **Master Expiry Date:** _____

Signature of Signing Master: _____

Contractor's Signature: _____

The personal information on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act, Section 642 of the Municipal Government Act and/or Section 63 of the Safety Codes Act. The information will be used to process your application(s) and your name and address may be included on reports that are available to the public. If you have any questions about this collection and use of this information, please contact the FOIP Representative at 311.

Applicant Responsibilities

This is a legally binding agreement. By signing this application you are agreeing to these terms.

1. The Applicant will not allow anyone other than an employee of the Applicant to use the password and user ID. The Applicant assumes full legal responsibility for its employees' use of the password and user ID.
2. The Applicant will be legally responsible for all construction undertaken pursuant to any permits issued through this service and for the accuracy of the information contained in any application for a permit.
3. If the Applicant uses this service to request an inspection, the Applicant or a representative shall be available to provide any relevant information that the inspector may request and the Applicant shall be legally responsible for the accuracy of this information.
4. The Applicant will maintain or use at all times a Master Electrician with an active, and in good standing Master Electrician Certificate with the Alberta Electrical Masters Provincial Program.

For City Use Only

DATE ISSUED: _____ **APPROVED:** _____

USER ID: _____ **POSSE Customer ID No.** _____

PASSWORD: _____