



**Tsuut'ina Development
Authority
Electrical Code
Services**

Label

Supply Service Required: ☐ Yes ☐ No

Application Type: ☐ Owner ☐ Contractor

Application Date (M/D/Y): _____

Estimated Completion Date (M/D/Y): _____

Owner: _____ **Mailing Address:** _____
City: _____ **Prov.:** _____ **Postal Code:** _____ **Phone:** _____
Cell Number: _____ **Email Address:** _____ **Fax:** _____

Contractor: _____ **Mailing Address:** _____
City: _____ **Prov.:** _____ **Postal Code:** _____ **Phone:** _____
Cell Number: _____ **Email Address:** _____ **Fax:** _____

Project Location:

Street or Rural Address: _____ **Subdivision Name:** _____
Unit or Suite #: _____ **Lot:** _____ **Block:** _____ **Plan:** _____
Legal Subdivision: **Part of:** _____ **¼ Sect:** _____ **Twp:** _____ **Rge:** _____ **W of:** _____
Directions: _____

Project Information: ☐ Commercial ☐ Multi Family ☐ Industrial ☐ Institutional

Type of Work: ☐ New ☐ Renovation ☐ Addition ☐ Accessory Building ☐ Connection Only ☐ Temp Service ☐ Other

Type of Service: **Amps:** _____ **Voltage:** _____ **Phase:** _____ ☐ U/G ☐ O/H

Detailed Description of Work:

Main Floor: _____ sq. ft.

2nd Floor: _____ sq. ft.

Garage: _____ sq. ft.

☐ Detached ☐ Attached

Applicant Declaration: Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. This application is valid for one year. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

Master's Name (Please print) _____

Master's Signature _____

Homeowner's Signature (Homeowner's only) _____

Master's Certification Number _____

Project Value (Materials & Labour): \$ _____

Total Developed Area: _____ Sq. Ft

Fee \$ _____

Payment Method: ☐ Visa ☐ M/C ☐ Debit ☐ Cheque **Authorization / Cheque Number** _____

Validation Section to be completed by the Issuer:

Inspecting SCO: _____

Special Conditions: _____

Issuer's Name (print or type) _____

Issuer's Signature _____

Issuer's Designation Number: _____

Date of Issue (M/D/Y): _____