



**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.  
**2<sup>nd</sup> 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:** \$ \_\_\_\_\_ **SSCI Portion:** \$ \_\_\_\_\_  
 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): \_\_\_\_\_