Permit	#	
1 611111	TT	



Green – Office Copy

APPLICATION FOR WIRING

Name & Address of Electrical Contractor:	
Company Name:	
Certificate Number: Email Address:	
Business Phone Number: Cell Phone Num	ber:
Property Owner:	
Site Address:	
Inspection Required On (Year/Month/Day): OR Will Call When Ready (902-624-8327) Service Details: Amps Volts Phase	
	Industrial
Type: New Installation Renovation Emergency Repa	air Temporary Service
Total Electrical Installation Costs \$	Permit Fee
Regular Permit & Inspection	\$
Additional Inspection	\$
Total Fee	\$
the undersigned, certify that I am the holder of a valid certificate electrical construction trade, issued under the authority of the No Apprenticeship and Trades Qualifications Act. I also certify that the will be in conformance with the applicable provincial acts and the standards and related codes. Upon completion, I understand that ensure that the installation is working in safe and proper manner notify the Electrical Inspection Authority upon the completion of requesting a FINAL inspection. A permit for electrical work is validate of issue in respect of residential and 24 months in respect of otherwise noted on the permit.	ova Scotia le electrical installation leir regulations, utility t it is my responsibility to and I shall immediately an electrical installation d for 12 months from the
Signature: Date:	
COPIES: White – Electrical Contractor Blue – Job Site	

Pink – Inspection Authority