

Permit # _____



WIRING PERMIT & INSPECTION APPLICATION

Name & Address of Electrical Contractor: _____

Company Name: _____

Certificate Number: _____ Email Address: _____

Business Phone Number: _____ Cell Phone Number: _____

Property Owner: _____

Site Address: _____

Inspection Required On (Year/Month/Day): _____
OR Will Call When Ready (902-624-8327)

Service Details: Amps _____ Volts _____ Phase _____

Classification: Residential Commercial Industrial

Type: New Installation Renovation Emergency Repair Temporary Service

Total Electrical Installation Costs \$	Permit Fee
Regular Permit & Inspection	\$
Additional Inspection	\$
Total Fee	\$

I, the undersigned, certify that I am the holder of a valid certificate of qualification in the electrical construction trade, issued under the authority of the Nova Scotia Apprenticeship and Trades Qualifications Act. I also certify that the electrical installation will be in conformance with the applicable provincial acts and their regulations, utility standards and related codes. Upon completion, I understand that it is my responsibility to ensure that the installation is working in safe and proper manner and I shall immediately notify the Electrical Inspection Authority upon the completion of an electrical installation requesting a FINAL inspection. A permit for electrical work is valid for 12 months from the date of issue in respect of residential and 24 months in respect of all others unless otherwise noted on the permit.

Signature: _____ Date: _____