



DATE: _____

Construction Address: _____

Applicants Name: _____

Tel _____

Registered Owner: _____

Tel _____

Email Address: _____

Office use only:

Is the home going to have a: Finished Basement N/A

Sub Type Classification – Select and Check One Only

- | | | |
|---|-------------------------------------|---|
| Single Family Dwelling <input type="checkbox"/> | Shed <input type="checkbox"/> | Mobile Home <input type="checkbox"/> |
| Workshop <input type="checkbox"/> | Barn <input type="checkbox"/> | Temp. Construction Service <input type="checkbox"/> |
| Garage <input type="checkbox"/> | Greenhouse <input type="checkbox"/> | Other _____ |
| Carport <input type="checkbox"/> | Pool <input type="checkbox"/> | _____ |

Work Type Classification – Select and Check One Only

- | | | |
|--|---|---|
| New <input type="checkbox"/> | TCP Only <input type="checkbox"/> | Low Voltage(alarm/sound system) <input type="checkbox"/> |
| Addition <input type="checkbox"/> | Service Reconnection <input type="checkbox"/> | Underground: Duct <input type="checkbox"/> Cable <input type="checkbox"/> |
| Renovation <input type="checkbox"/> | Service Change <input type="checkbox"/> | Special Inspection <input type="checkbox"/> |
| Repair <input type="checkbox"/> | Replace <input type="checkbox"/> | Heat Pump/Air Conditioner <input type="checkbox"/> |
| Basement Finish <input type="checkbox"/> | Renew <input type="checkbox"/> | Transfer/Generator Switch <input type="checkbox"/> |
| | | Other _____ |

Description of Work:

Service: Overhead <input type="checkbox"/> Underground <input type="checkbox"/>		Sub Panel: Yes <input type="checkbox"/> No <input type="checkbox"/> Amps: _____		Electric Heat: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hot Tub/Spa: Yes <input type="checkbox"/> No <input type="checkbox"/>		# of Massage Tubs: _____		# of Air Conditioners: _____	

Main Service Switch Rating:

Amps			Service conductor Size: _____	Conductor Type CU: <input type="checkbox"/> AL: <input type="checkbox"/>	
Heating Load: _____ kW	If addition, existing load: _____ kW	Additional Load: _____ kW	Total: _____ kW		

Value of electrical work: \$ _____
(Value to include all material and fixtures)

Applicant's signature _____

Applicant's Phone Number _____

City of Maple Ridge Electrical Safety Officer _____

Date _____

Permit No.: _____
Office use only:

PLEASE TURN PAGE OVER →



Please Read The Following Steps Carefully Before Signing:

1. The applicant must obtain an electrical permit before proceeding with work.
2. The applicant must have a working knowledge of basic wiring principles and be familiar with the Canadian Electrical Code and complete the required basic questionnaire below to provide proof of basic knowledge.
3. The applicant should avail themselves of information in the manual "Electrical Code Simplified" by P.S. Knight.
4. The applicant shall consult with a City Electrical Safety Officer prior to commencing work.
5. Must have all electrical boxes and cables (NMD90) installed (boxes to be secured and cables stapled) and have all splicing complete at the time of rough-in inspection.
6. The applicant must not install devices (switches and receptacles) before rough-in inspection.
7. The applicant must call for rough-in inspection before the installation of insulation or gyproc.
8. The applicant must call for a final electrical inspection when all devices are installed and functional.
9. The applicant must not occupy or otherwise use the premises, under permit without final inspection. This applies to additions as well as new structures.
10. Failure to follow steps or failure to provide access may result in re-inspection fees being charged.

FAILURE TO COMPLY WITH STEPS 1, 6, 7, 8 & 9 MAY RESULT IN FINES AS PROVIDED BY BYLAW.

Applicant's Signature _____

Date _____

NOTE: If it becomes apparent by the Electrical Safety Officer - during inspections - that the permit holder does not appear to have the knowledge necessary to perform the work, the Chief Building Official has the right to revoke the permit and require that an electrical contractor be hired to complete the job.

Questionnaire:

The provisions of the Electrical Safety Act must be complied with. Specifically Section 21(2)(b) and Section 28. Please answer the following questions:

What is the existing size of your electrical service?

Main Switch _____ Overhead or Underground _____

Conductor Size _____ Grounding _____

If you are changing your service, what size are you changing it to?

Main Switch _____ Overhead or Underground _____

Conductor Size _____ Grounding: 2 - 10' Rods One Plate

Ground Conductor Size _____

Please supply a one line diagram and a brief description of the work you intend to do including all switches, receptacles and fixtures. If any underground wiring is being done, please include a site plan and trench detail.

Please supply the names of anyone who will be assisting you on this project.

Electrical Safety Officers are not permitted to give design advice other than to comment on code requirements and deficiencies.



Homeowner Electrical Permit Statutory Declaration

I, _____, of the City of Maple Ridge, Province of British Columbia,

DO SOLEMNLY DECLARE:

THAT, I am the owner or one of the owners of lands and premises located at:

_____, Maple Ridge BC, Canada

(Civic Address)

THAT, I solemnly declare that said building is a "Single Family Dwelling";

THAT, I **reside or intend to reside** at the premises identified above and hereby apply for a permit to do certain **ELECTRICAL** work therein;

THAT, the **ELECTRICAL** work will not be carried out by anyone other than myself or other owners of the lands and premises;

THAT, no person shall be paid to assist me in doing the work under this permit;

THAT, I will not nor do I intend to rent out any portion of the Single Family Dwelling;

AND I MAKE this solemn declaration conscientiously believing it to be true and knowing it to be of the same force and effect as if made under oath and by virtue of the "Canada Evidence Act".

DECLARED before me at the City of Maple Ridge, in the Province of British Columbia.

Date

Registered Owner's Signature

Witness