



# Annual Electrical Operating Permit Application

Deep Roots  
Greater Heights

- 1) Name of Establishment: \_\_\_\_\_
- 2) Address: \_\_\_\_\_
- 3) Mailing Address (if different): \_\_\_\_\_
- 4) Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_
- 5) Electrical maintenance will be performed by A or B
  - A) Electrical Contractor: \_\_\_\_\_ Licence # \_\_\_\_\_ Tel: \_\_\_\_\_  
 (Name of) FSR: \_\_\_\_\_ Tel: \_\_\_\_\_ FSR #: \_\_\_\_\_ Class: \_\_\_\_\_
  - B) Employee FSR: \_\_\_\_\_ Tel: \_\_\_\_\_ FSR #: \_\_\_\_\_ Class: \_\_\_\_\_

KVA= For 3 phase service KVA =  $\frac{\text{Volts} \times \text{Amps} \times 1.732}{1000}$  = KVA

For 1 phase service KVA =  $\frac{\text{Volts} \times \text{Amps}}{1000}$

Number of 3 Phase KVA: \_\_\_\_\_ x .13= \$ \_\_\_\_\_

Number of 1 Phase KVA: \_\_\_\_\_ x .13= \$ \_\_\_\_\_

Generators Total KW: \_\_\_\_\_ x .13= \$ \_\_\_\_\_

Number of Rooms (applicable to educational only) \_\_\_\_\_ x \$5.00 = \_\_\_\_\_

Minimum Fee	\$52.00
Maximum Fee	\$1,576.00

TOTAL FEES \$ \_\_\_\_\_

\_\_\_\_\_  
Business Owner/Manager Name. Title

\_\_\_\_\_  
Business Owner/Manager Signature. Date

**Note: All electrical work performed under this permit must be recorded in a log book and kept on site for Inspection purposes.**

<b>For office use only :</b> Permit # _____	
_____ District of Maple Ridge Electrical Inspector	_____ Date