



Electrical Permit Application (EL)

Date: _____

Construction Address _____ Block/Units _____

Sub Type Classification – Select and Check One Only

- | | | |
|---|--|---|
| Single Family Dwelling <input type="checkbox"/> | Industrial <input type="checkbox"/> | Movie Set <input type="checkbox"/> |
| Townhouse <input type="checkbox"/> | Institutional <input type="checkbox"/> | Sign <input type="checkbox"/> |
| Apartment <input type="checkbox"/> | Pool <input type="checkbox"/> | Temp. Construction Service <input type="checkbox"/> |
| Commercial <input type="checkbox"/> | Garage <input type="checkbox"/> | Other _____ |

Work Type Classification – Select and Check One Only

- | | | |
|-------------------------------------|---|---|
| New <input type="checkbox"/> | Basement Finish <input type="checkbox"/> | Low Voltage <input type="checkbox"/> |
| Addition <input type="checkbox"/> | Tenant Improvement <input type="checkbox"/> | Underground Duct <input type="checkbox"/> |
| Renovation <input type="checkbox"/> | Service Change <input type="checkbox"/> | Safety Inspection <input type="checkbox"/> |
| Repair <input type="checkbox"/> | Reconnection <input type="checkbox"/> | Other _____ |

Contractor's Business Name _____ Tel _____
 (must have a current Maple Ridge Business Licence)

Contractor Bus.Lic.# _____ FSR No. _____ FSR Name _____ Class _____

Description of Work _____

Temp to Perm Connection Yes <input type="checkbox"/> No <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"/>		Massage Tubs # of _____		Air Conditioners # of _____	
Rating of Service Switch:	Amps _____	Volts _____	Phase _____	Size & type of service conductor: _____	
Heating Load: _____ kW	If addition, existing load: _____ kW		Additional Load: _____ kW	Total: _____ kW	
Available Fault Current: _____ kW		Designer Name: _____			

For Movie Set Permits, please attach list of locations, dates and times.

Start Date _____ End Date _____

Estimated Value of Work: \$ _____

Applicant's Signature _____

Applicant's Phone Number _____

District of Maple Ridge Electrical Inspector _____

Date _____