



DATE: _____

Construction Address: _____ Block/Units: _____

Applicants Name: _____ Tel _____

Contractor's Business Name: _____

(Contractors must have a current Maple Ridge or Intermunicipal Business Licence)

Contractor's License #: _____ Tel _____

Email Address: _____

Office use only:

FSR No.: _____ FSR Name: _____ Class: _____

Is the home going to contain a: Suite Temporary Residential Unit Finished Basement N/A

Sub Type Classification – Select and Check One Only

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

Work Type Classification – Select and Check One Only

- | | | |
|--|---|---|
| New <input type="checkbox"/> | Renovation <input type="checkbox"/> | Connection <input type="checkbox"/> |
| New w/Bsmt. Finish <input type="checkbox"/> | Repair <input type="checkbox"/> | Low Voltage <input type="checkbox"/> |
| New w/Suite <input type="checkbox"/> | Basement Finish <input type="checkbox"/> | Underground: Duct <input type="checkbox"/> Cable <input type="checkbox"/> |
| New w/TRU <input type="checkbox"/> | Tenant Improvement <input type="checkbox"/> | Safety Inspection <input type="checkbox"/> |
| Addition <input type="checkbox"/> | Service Change <input type="checkbox"/> | Heat Pump/Air Conditioner <input type="checkbox"/> |
| Note: The location of heat pumps & air conditioners must be verified with City staff prior to installation. | | 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	Volts	Phase	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	
Available Fault Current: _____ Amps	Designer Name: _____				

Value of electrical work: \$ _____ Applicant's signature: _____
(Value to include material, fixtures and labour)

Note: Any misrepresentation in the above particulars renders permits issued herein invalid and subject to cancellation or reassessment of fees, plus penalty. All work shall be in accordance with City Bylaws, Canadian Electrical Code and the Electrical Safety Act.