



MAPLE RIDGE

British Columbia

# Electrical Contractor Declaration of Compliance

Fax Declaration to 604-467-7461 OR E-mail to [inspectionrequests@mapleridge.ca](mailto:inspectionrequests@mapleridge.ca) OR send via regular mail

**\*Installation** (Please print clearly)

*Permit Number:	Installation Name:	Office use only:
*Installation Address:(Unit #; Civic #; Street Name)	*Date Inspection is Requested for:	
Notes/Work Description. (You MUST enter the description of work for this particular inspection request.)		

**\*Registered Electrical Contractor** (Please print clearly)

Licensed Electrical Contractor(EC) Name:			
License No.: LEL-	Contact Phone #:	Fax:	E-mail:
Complete Mailing Address: (Unit/Suite #; Civic #; Street Name; City; Postal Code)			

**\*Declaration**

Field Safety Representation(FSR) No.: CEL-		FSR Class:	
"I _____ a field safety representative for the above licensed electrical contractor, hereby declare that the electrical installation authorized under the above permit has been physically reviewed by myself and installed to comply with the Safety Standards Act and Regulations of British Columbia."			
Field Safety Representation (FSR) Signature:		Date: YYYY	MM DD
<input type="checkbox"/> UFER Ground Installation	<input type="checkbox"/> Under Ground Ducts	<input type="checkbox"/> Under Ground Cables	<input type="checkbox"/> 180 Day Safety Check
<input type="checkbox"/> Over Head Cables			
<input type="checkbox"/> Electrical installation is ready for connection as noted below:			
<input type="checkbox"/> New Service	<input type="checkbox"/> Temporary Const. Service	Type of Ground electrode:	
<input type="checkbox"/> Service repair	<input type="checkbox"/> Service change	<input type="checkbox"/> Rods	<input type="checkbox"/> Plate
Voltage (line to line)	AMPS	Phase	Electric Heat
V	A	Ø	KW
<input type="checkbox"/> Rough Wire as noted below is ready for inspection:			
<input type="checkbox"/> Complete	<input type="checkbox"/> Partial (specify area) _____	<input type="checkbox"/> Slab (specify area) _____	
<input type="checkbox"/> Final Electrical is ready for inspection:			
<input type="checkbox"/> Complete	<input type="checkbox"/> Partial (specify area) _____	<input type="checkbox"/> Slab (specify area) _____	
<input type="checkbox"/> Electrical work complete without Installation Permit in accordance with the provisions of the BC Safety Standards Act			
<input type="checkbox"/> Deficiencies of:	Date: YYYY	MM	DD Have been corrected.

**Office use only:**

Installation as noted above has been accepted on the basis of the Qualification of the Electrical Contractor's Field Safety Representative.		Name: (Please print)	
Date: YYYY	MM	DD	Electrical Safety Officer Signature.