



**OFFICE USE ONLY**

Permit No.
Receipt No.

# APPLICATION FOR PERMIT FOR WIRING INSTALLATIONS

**FOR USE BY QUALIFIED ELECTRICAL WORKERS**

Pursuant to the *Electrical Protection Act*

**PLEASE PRINT ALL INFORMATION CLEARLY**

Name of City, Town, Village or Hamlet		
Building Description, Physical Address and Location	Lot	Block
Premises Owned or Occupied by	Date	
Mailing Address (Owner)	Phone Number	
	Postal Code	Fax Number

<b>Utility Power Connection Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Net Billing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SINGLE FAMILY RESIDENTIAL</b>	<input type="checkbox"/> New <input type="checkbox"/> Additions <input type="checkbox"/> Generator <input type="checkbox"/> PV <input type="checkbox"/> Wind
	Rating of Service:    Voltage    Amperes    Phase
	Outline basic wiring method:
<b>MULTI-FAMILY RESIDENTIAL, COMMERCIAL AND INDUSTRIAL INSTALLATIONS</b>  <b>(Note: Plans must be supplied on commercial, industrial or multi-family residential installations)</b>	Plan Review No. <input type="checkbox"/> New <input type="checkbox"/> Rewire <input type="checkbox"/> Additions <input type="checkbox"/> Communication/Data <input type="checkbox"/> Power Distribution/Circuitry <input type="checkbox"/> Controls <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Security <input type="checkbox"/> Generator <input type="checkbox"/> PV <input type="checkbox"/> Wind
	Installation or Building to be Wired:
	Rating of Service:    Voltage    Amperes    Phase
	Outline basic wiring method:
	For the purpose of:
<b>TEMPORARY POWER ONLY</b>  <b>(Note: Separate permit applications are required to cover temporary installations)</b>	Rating of Service:    Voltage    Amperes    Phase
	For the purpose of:

Electrical Contractor Company Name	Phone Number	Fax Number
Mailing Address (Company)	<b>Cost of Installation</b> (Please see regulations, sections 9 – 15)	\$
	Postal Code	<b>Permit Fee</b> \$

I (We) propose to install electrical wiring, apparatus, fittings or alterations, the particulars of which are set out above and hereby certify that this installation will be completed in accordance with the Canadian Electrical Code and <i>Electrical Protection Act</i> .  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="font-size: 2em; margin-left: 20px;">X</p> <p>_____</p> <p style="text-align: center;">Certified Electrical Contractor's Signature</p> </div> <div style="width: 45%;"> <p>_____</p> <p style="text-align: center;">NWT Registration No.</p> </div> </div>	<p><b>MAKE PERMIT PAYABLE TO:</b> Government of the Northwest Territories</p> <p><b>FORWARD THIS FORM &amp; FEE TO:</b> Electrical/Mechanical Safety Infrastructure Box 1320 Yellowknife, NT X1A 2L9 Phone: (867) 767-9043 Fax: (867) 873-0117</p>
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