



City of Burnaby
 Building Department, 4949 Canada Way, Burnaby, BC V5G 1M2
 Telephone: 604-294-7130 Fax: 604-294-7499 www.burnaby.ca/building
 E-mail: permits@burnaby.ca

Application Date: _____
 CSA: _____

NOTE: This application must be completed in its entirety, if any fields are not completed the application WILL NOT be processed.
 For applications received via fax or mail, an invoice will be e-mailed to the contractor and payment can be made online at:
www.burnaby.ca/Online-Services.html.

ELECTRICAL PERMIT APPLICATION FOR MULTI FAMILY AND COMMERCIAL BUILDINGS

Building Permit #: BLD ELE: _____ (Office use only)

Site Address: _____ Tenant name: _____

Project Description: _____

Company/Contractor Name: _____ Burnaby Bus. Lic./IMBL: BUS

Company/Contractor Name: _____ Phone: _____

Address: _____ City: _____ Postal Code: _____

REG. #: LEL0 Email: _____ Fax: _____

Company FSR Name: _____ FSR#: CEL0 FSR CLASS: _____

Phone: _____ Cell Phone: _____ Email: _____

Site FSR Name: _____ FSR#: CEL0 FSR CLASS: _____

Phone: _____ Cell Phone: _____ Email: _____

Job Value: \$ _____

<input type="checkbox"/> TEMP POLE (SAW SERV.) <i>(Temp. Current Permit requires separate application)</i> Amps: _____ Volts: _____	ELECTRIC HEAT Total Watts: _____ <input type="checkbox"/> Baseboards _____ # of Baseboards <input type="checkbox"/> Radiant Heat Panels _____ # of Panels <input type="checkbox"/> Other Type: _____
MAIN SERVICE <input type="checkbox"/> New <input type="checkbox"/> Existing <i>(Note: New service must be installed underground)</i> Amps: _____ Volts: _____ Phase: _____	<input type="checkbox"/> INSTALL BRANCH CCT. FOR SIGN <i>*Bring power to sign ONLY</i> <i>(Note: Use "sign" application for sign connection)</i>
SUB SERVICE <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Meter Only Amps: _____ Volts: _____ Phase: _____ SubPanel: Amps: _____ Quantity: _____	<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Intercom <input type="checkbox"/> Security Alarm Wiring <input type="checkbox"/> Sound System <input type="checkbox"/> Data/TV Cable <input type="checkbox"/> Vacuum

"I hereby declare that the Provincial licence and/or certification is in effect and valid and that all other information contained in this application is accurate. I acknowledge that the City is relying on this declaration for issuance of permit. I further confirm that all work performed under this permit shall be done in accordance with all applicable City of Burnaby Bylaws and Provincial Regulations."

 (Print Name)

 (Signature)

 (Date)