



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 SINGLE AND TWO FAMILY DWELLINGS

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

Site Address: _____

Project Description: _____

Applicant: OWNER Owners of home with secondary suite **CANNOT** apply for permit COMPANY **Burnaby Bus. Lic./IMBL: BUS**

Applicant/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: _____

VALUE OF WORK \$: (General Electrical) _____ <i>(does not apply to New SFD/TFD)</i> VALUE OF WORK \$: (Temp. Saw) _____ 1 OR 2 FAMILY: <input type="checkbox"/> One <input type="checkbox"/> Two	VALUE OF WORK \$ (Extra Low Voltage) _____ <input type="checkbox"/> Security Alarm Min \$250 JV <input type="checkbox"/> Vacuum <input type="checkbox"/> Data <input type="checkbox"/> TV Cable <input type="checkbox"/> Sound System <input type="checkbox"/> Phone																
SERVICE <input type="checkbox"/> New <input type="checkbox"/> Temp. Saw Serv. <input type="checkbox"/> Existing <i>(Temp. saw service must be installed on free standing pole only)</i> MAIN SERVICE: _____ SUBSERVICE: _____ Amps: _____ Amps: _____ Volts: _____ Volts: _____ SUBPANEL: Amps: _____ Qty: _____	ELECTRIC HEAT TOTAL WATTS: <i>(Sketch & Heat Loss Calc. Required)</i> <input type="checkbox"/> Base Boards #: _____ Sketch Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Radiant Panels #: _____ Heat Loss Calc. Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: Type _____																
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"I hereby declare that the Provincial license 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)