



ELECTRICAL PERMIT APPLICATION SINGLE AND TWO FAMILY DWELLINGS

Building Division, Planning and Development Department 4949 Canada Way, Burnaby, BC V5G 1M2 Phone: 604-294-7130 Fax: 604-294-7986 E-Mail: Permits@Burnaby.ca

Application Date: ______

Customer Service Assistant: _____

This application must be completed in its entirety. If any fields are not complete, the application WILL NOT be processed

For all applications received online, via e-mail, faxed or mail, an invoice https://invoices.burnaby.ca/	, ,,	ment can be made online at:
Section 1: Property Information		
BUILDING PERMIT: BLD	ELE	(Office Use Only)
SITE ADDRESS:		
PROJECT DESCRIPTION:		
New House ☐ Yes ☐ No ☐ Single Family Dwelling	gle Family with Secondary Suite	☐ Two Family Dwelling
Section 2: Contractor Information		
APPLICANT: ☐ CONTRACTOR ☐ HOMEOWNER	vners of a home with a secondary suite CA	NNOT apply for a Homeowner's Permit
COMPANY NAME:		
ADDRESS:	CITY: POSTAL CODE:	
PHONE NUMBER:	E-MAIL:	
BUSINESS LICENSE: (Burnaby or IMBL)	TECHNICAL SAFETY BC LICENSE: LEL	
COMPANY FSR NAME:	FSR NUMBER: CELO	FSR CLASS:
PHONE NUMBER:	E-MAIL:	
SITE FSR NAME:	FSR NUMBER: CELO	FSR CLASS:
PHONE NUMBER:	E-MAIL:	
Section 3: Property Owner Information This information is man	for all permits not associated to a bu	ilding permit.
PROPERTY OWNER NAME:		
PHONE NUMBER:	E-MAIL:	
Section 4: Electrical Permit Details		
GENERAL ELECTRICAL WORK (Does not apply to New SFD/TFD) VALUE OF WORK:	EXTRA LOW VOLTAGE: (Separate Permit Required) VALUE OF WORK:	
TEMPORARY POLE: (SAW SERVICE) (Separate Permit Required)	☐ Intercom ☐ Vacuum ☐ Sound System	
VALUE OF WORK: Amps: Volts: Phase:	□ Data/TV Cable □ Security Alarm (Min\$250 Job Value) HEATING: □ Baseboard □ Radiant □ Other:	
		Phase:
MAIN SERVICE: □ New □ Existing Amps: Volts:	mps:	Phase:
Amps: Volts: Phase:	Heat Loss Calculations Attached:	□ Yes □ No
SUB SERVICE: ☐ New ☐ Existing	Sketch Attached:	☐ Yes ☐ No
Amps:Volts: Phase:	PPLIANCE(S): QTY	QTY
Amps: Volts: Phase:	angeHot T	ub
ILLUMINIATED ADDRESS: VALUE OF WORK:	Heat Pump Air Conditioner	
POOL: Wiring: ☐ Yes ☐ No Bonding: ☐ Yes ☐ No	ectrical Charger Oth	er:
I hereby declare that the Provincial licence and/or certification is in effect acknowledge that the City is relying on this declaration for issuance of permit with all applicable City of Burnaby Bylaws and Provincial Regulations. Personal information collected on this form is in accordance with s. 26(c) of purposes. Please be advised that permits are considered public records that	her confirm that all work performed under t Freedom of Information and Protection o	this permit shall be done in accordance f Privacy Act (RSBC 1996) for permitting
questions regarding the collection, use and disclosure of personal information in person at City Hall at 4949 Canada Way, Burnaby.		

Print Name

Signature

Date

Revised: 15th July 2023