

ST. JOHN'S	PERS – Application for Electrical Permit	Planning, Engineering & Regulatory Services
Application for Electrical Permit		

Internal Use Only	SECTION 1
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Application Number _____

Date Received _____ Parcel I.D. _____

Project Information	SECTION 2
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Civic Address _____

Subdivision Name _____ Lot # _____

Project Value Estimate (Materials & Labour) (\$) _____

Purpose of Application	SECTION 3
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Type of Building: Residential Commercial Industrial Institutional (Government)

Note: Commercial projects with an estimated cost of \$2000 or more requires a detail quote to be submitted

Type of Work: (Select all that apply)

New Construction Addition Alteration/Renovation Repair

Equipment Install: Type _____

Location if Outside _____

Existing Service Rating: Volts _____ Amperes _____ Phase _____

New Service Rating: Volts _____ Amperes _____ Phase _____

Is this work associated with a Building Application?: Yes No

Detailed description of proposed work:

Applicant Contact Information	SECTION 4
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Contractor Name _____ Trade Name _____

Address _____ Postal Code _____

Phone (Work) _____ (Cell) _____

Email Address _____

Owner Contact Information	SECTION 5
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Name _____

Address _____ Postal Code _____

Phone (Home) _____ (Work) _____ (Cell) _____

Email Address _____

Note: Name of property owner must match that listed on the City of St. John’s Assessment Roll

Applicant Signature of Agreement	SECTION 6
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I hereby submit this application and confirm that the information supplied is, to the best of my knowledge, correct. I agree to comply with all City Regulations & By-Laws, agree to develop in accordance with the plans approved by the City of St. John's and not to commence development without applicable written approval and permits from the City of St. John’s. In addition, I acknowledge that I have reviewed this application and agree to provide any additional information requested and to pay all applicable fees as noted on the City’s fee schedule (www.stjohns.ca). To view these fees, please click on the link below that pertains to your application:

[Inspection Services Fees and Rates](#)

Note: Where the applicant and property owner are not the same, the signature of the property owner is required before the application can be accepted for processing.

Applicant Signature _____ Date (yyyy-mm-dd) _____

Property Owner Signature _____ Date (yyyy-mm-dd) _____

Staff Signature _____ Date (yyyy-mm-dd) _____

Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your Repair Permit Application. Questions about the collection and use of the information may be directed to the Manager of the Regulatory Services Division, by email: building@stjohns.ca or by phone 709-576-8565.

Please submit completed form to:	Inspection Services	For more information, contact:
	3 rd Floor - Annex	Email: permits@stjohns.ca
	10 New Gower Street	Fax: 709-576-8160
	P.O. Box 908	Call: 709-576-8565
	St. John's, NL A1C 5M2	