



PER - 3210

Department of Planning Engineering and  
Regulatory Services

### ELECTRICAL PERMIT APPLICATION

Property Location

SECTION 1

Civic Address \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

Roll # \_\_\_\_\_ File # \_\_\_\_\_ Date (yyyy-mm-dd) \_\_\_\_\_

Contact Information (to be completed by the applicant)

SECTION 2

Contractor Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_ (Fax) \_\_\_\_\_

Trade Name \_\_\_\_\_ Email \_\_\_\_\_

Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_ (Fax) \_\_\_\_\_

Email \_\_\_\_\_

Application Information

SECTION 3

Type of work:      New                      Alteration                      Repair                      Addition

Type of building:    Residential                      Commercial                      Industrial                      Institutional/Government

Estimated cost of all electrical work (materials & labour): \$ \_\_\_\_\_

Is there any other work associated with this job besides electrical?    Yes    No

Description of Work SECTION 4

Privacy Notice SECTION 5
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 application. Questions about the collection and use of the information may be directed to Randy Carew, Manager, Regulatory Services Division, by email: building@stjohns.ca or by phone 709-576-8565.

Note: Contractor must call for inspection at each stage – 48 hours’ notice is required.

Service Rating: Volts \_\_\_\_\_ Amperes \_\_\_\_\_ Phase \_\_\_\_\_
Estimated Completion Date (yyyy-mm-dd) \_\_\_\_\_
Contractor/Representative’s Signature \_\_\_\_\_ Date (yyyy-mm-dd) \_\_\_\_\_

Please mail completed form to: Access St. John’s 10 New Gower Street P.O. Box 908 St. John’s NL A1C 5M2
Email: service@stjohns.ca
Fax: 709-576-7688
Call: 311 or 709-754-2489