

REGIONAL SERVICE COMMISSION 8

Electrical Building Permit Application

Fax or Mail to:

Regional Service Commission 8
49 Winter Street, Unit 1, Sussex, N.B. E4E 2W
Telephone: (506) 432-7530
Fax: (506) 432-7539

For Office Use only

Issue Date: _____	Fee: _____
File No. _____	Receipt No. _____

**Submit completed form along with a copy of "Electrician's Application for Electrical Wiring"
Incomplete forms may delay permit process**

Date of Application: _____

Electrician: _____ Phone: _____

Address: _____ Postal Code: _____

FAX OR EMAIL PERMIT TO: _____

Property Owner's Name: _____ Phone: _____

Email: _____

Mailing Address: _____ Postal Code: _____

Civic Address of Job: _____ Postal Code: _____

Property Identification Number (located on Property Tax Bill): _____

Municipality or Local Service District: _____ County: _____

Reason for Electrical Work Being Done: _____

Approximate Date Building was Constructed or Located on the Property: _____

Payment: Authorization for one-time charge of \$25.00

Name on Credit Card: _____

Visa or Master Card Number: _____ Expiry Date: _____

Authorized signature of credit card holder: _____

This application is for electrical work only. No construction, renovation, demolition, or relocation is involved.

Signature of Owner or Authorized Agent

Print Name