



Electrical Building Permit Application

Fax or Mail to:

Regional Service Commission 8
27 Winter Street, Unit 2, Sussex, N.B. E4E 2H9
Telephone: (506) 432-7530
Fax: (506) 432-7539
e-mail: info@rsc8.ca

For Office Use only

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

Date of Application: _____

Electrician: _____

Email: _____ Phone: _____

Address: _____ Postal Code: _____

Property Owner's Name: _____ Phone: _____

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: _____

CVC Number (on back of card): _____

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

The personal information collected by RSC8 may be subject to disclosure under the provisions of the Right to Information and Protection of Privacy Act, S.N.B. 2009, c. R-10.6.

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