



City of Burnaby  
 Building Division, Planning and Development Department  
 4949 Canada Way, Burnaby, BC V5G 1M2  
 Phone: 604-294-7130

# ELECTRICAL PERMIT APPLICATION FOR RESIDENTIAL BUILDINGS

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 an invoice will be e-mailed to the contractor and payment can be made online at: <https://invoices.burnaby.ca/>

## Section 1: Property Information

<b>BUILDING PERMIT:</b>	<b>BLD</b>	<b>ELE</b>	<b>(Office Use Only)</b>
<b>SITE ADDRESS:</b>			
<b>PROJECT DESCRIPTION:</b>			
TYPE OF DWELLING: <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Row Housing <input type="checkbox"/> Cottage Court <input type="checkbox"/> Multiplex			
TYPE OF WORK: <input type="checkbox"/> New Building <input type="checkbox"/> Existing Building <span style="float: right;">Secondary Suite(s): <input type="checkbox"/> Yes <input type="checkbox"/> No</span>			

## Section 2: Contractor Information

APPLICANT: <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> HOMEOWNER * <b>CANNOT</b> apply for a Homeowner's Permit if this is a multi-unit home.		
COMPANY NAME:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	E-MAIL:	
BUSINESS LICENSE: (Burnaby or IMBL)	TECHNICAL SAFETY BC LICENSE: <b>LEL</b>	
COMPANY FSR NAME:	FSR NUMBER: <b>CELO</b>	FSR CLASS:
PHONE NUMBER:	E-MAIL:	
SITE FSR NAME:	FSR NUMBER: <b>CELO</b>	FSR CLASS:
PHONE NUMBER:	E-MAIL:	

## Section 3: Property Owner Information This information is mandatory for all permits not associated to a building permit.

PROPERTY OWNER NAME:
PHONE NUMBER: E-MAIL:

## Section 4: Electrical Permit Details

<p><b>GENERAL ELECTRICAL WORK</b> (Does not apply to New SFD/TFD)          VALUE OF WORK: _____</p> <p><b>TEMPORARY POLE: (SAW SERVICE)</b> (Separate Permit Required)          VALUE OF WORK: _____          Amps: _____ Volts: _____ Phase: _____</p> <p><b>MAINE SERVICE:</b> <input type="checkbox"/> New <input type="checkbox"/> Existing  <input type="checkbox"/> Sub Service <input type="checkbox"/> Meter Only          Amps: _____ Volts: _____ Phase: _____          Amps: _____ Volts: _____ Phase: _____</p> <p><b>SUB SERVICE:</b> <input type="checkbox"/> New <input type="checkbox"/> Existing          Amps: _____ Volts: _____ Phase: _____          Amps: _____ Volts: _____ Phase: _____</p> <p><b>ILLUMINATED ADDRESS:</b> VALUE OF WORK: _____</p> <p><b>POOL:</b> Wiring: <input type="checkbox"/> Yes <input type="checkbox"/> No Bonding: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>ELECTRICAL LOW VOLTAGE:</b> (Separate Permit Required)          VALUE OF WORK: _____</p> <p><input type="checkbox"/> Intercom <input type="checkbox"/> Vacuum <input type="checkbox"/> Sound System  <input type="checkbox"/> Data/TV Cable <input type="checkbox"/> Security Alarm (Min\$250 Job Value)</p> <p><b>HEATING:</b> <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiant <input type="checkbox"/> Other          Amps: _____ Volts: _____ Phase: _____          Amps: _____ Volts: _____ Phase: _____          Heat Loss Calculations Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No          Sketch Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="0"> <tr> <td><b>APPLIANCE(S):</b></td> <td>QTY</td> <td>QTY</td> </tr> <tr> <td>Range</td> <td>_____</td> <td>Hot Tub _____</td> </tr> <tr> <td>Heat Pump</td> <td>_____</td> <td>Air Conditioner _____</td> </tr> <tr> <td>Electrical Charger</td> <td>_____</td> <td></td> </tr> <tr> <td>Other:</td> <td></td> <td></td> </tr> </table>	<b>APPLIANCE(S):</b>	QTY	QTY	Range	_____	Hot Tub _____	Heat Pump	_____	Air Conditioner _____	Electrical Charger	_____		Other:		
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Heat Pump	_____	Air Conditioner _____														
Electrical Charger	_____															
Other:																

I hereby declare that the Provincial licence and/or certification is in effect and valid and that all other information contained in this application is accurate. I acknowledge that the City is relying on this declaration for issuance of permit. I further confirm that all work performed under this permit shall be done in accordance with all applicable City of Burnaby Bylaws and Provincial Regulations.

Personal information collected on this form is in accordance with s. 26(c) of the Freedom of Information and Protection of Privacy Act (RSBC 1996) for permitting purposes. Please be advised that permits are considered public records that are available in various City publications or disclosed through information requests. For questions regarding the collection, use and disclosure of personal information please contact the FOI Administrator at FOI@burnaby.ca or by calling 604-294-7944 or in person at City Hall at 4949 Canada Way, Burnaby.

Print Name

Signature

Date