



**PERMIT FOR WIRING INSTALLATION**  
 FOR USE BY RESIDENTIAL PROPERTY OWNER ONLY  
 PURSUANT TO THE ELECTRICAL PROTECTIONS ACT

*PLEASE PRINT ALL INFORMATION CLEARLY*

ELECTRICAL WORK MAY NORMALLY ONLY BE COMMENCED BY CERTIFIED ELECTRICAL WORKERS; HOWEVER, THE ACT ALLOWS A PROPERTY OWNER TO DO ELECTRICAL WORK ON HIS OWN PREMISES.

THIS PERMIT MAY BE ISSUED ONLY TO THE OWNER AND OCCUPIER OF THE PREMISES TO BE WIRE ON THE CONDITION THAT THE APPLICANT IS INSTALLING THE WIRING HIMSELF. THE FOLLOWING STATEMENT TO THIS EFFECT MUST BE SIGNED AND ALL QUESTIONS PERTINENT TO THE INSTALLATION MUST BE ANSWERED CORRECTLY BEFORE THE APPLICATION IS APPROVED.

NOTE: IF THE ABOVE CONDITIONS CANNOT BE MET, THE SERVICES OF A CERTIFIED ELECTRICIAN MUST BE OBTAINED WHO WILL ACQUIRE THE NECESSARY PERMIT.

"I HEREBY STATE THAT I AM THE OWNER OF THE BUILDINGS TO BE WIRED AND RESIDE ON THE PROPERTY. I FURTHER STATE THAT I INTEND TO DO THIS WIRING MYSELF AND WILL OBSERVE ALL THE REGULATIONS ADOPTED IN THE INTEREST OF SAFETY. I UNDERSTAND THAT BY SIGNING THIS APPLICATION I ASSUME FULL RESPONSIBILITY FOR THE WORK AUTHORIZED ON THIS PERMIT."

NAME OF APPLICANT:				SIGNATURE OF APPLICANT:			
ADDRESS: _____		PHONE: (____) _____ - _____		BLOCK:			
_____		FAX: (____) _____ - _____		LOT:			
NAME OF TOWN OR HAMLET:				OCCUPIED BY:			
PREMISES OWNED BY:				DATE: (DD/MM/YY): ____/____/____			
NEW INSTALLATION		ADDITIONS		REWIRE			
LOCATION OR DESCRIPTION: _____							
PLEASE SPECIFY: VOLTAGE:		AMPERES:		PHASE:			
POWER CONNECTION REQUIRED:		YES		NO			
IF OTHER THAN RESIDENCE PLEASE SPECIFY: _____							
IF ONLY ADDITIONS TO EXISTING INSTALLATION ARE TO BE MADE PLEASE SPECIFY: _____							

DATE READY FOR INSPECTION-D/M/Y: \_\_\_\_/\_\_\_\_/\_\_\_\_

**COST OF INSTALLATION:** \$ \_\_\_\_\_  
 (Including Labour & Materials)

**PERMIT FEE:** \$ \_\_\_\_\_

**FOR OFFICE USE ONLY**

**PERMIT NUMBER:** \_\_\_\_\_

**RECEIPT NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE FORWARD PERMIT FEE PAYABLE TO GOVERNMENT OF NUNAVUT TO:**

**COMMUNITY & GOVERNMENT SERVICES  
 SAFETY DIVISION  
 P.O. BOX 1000 – STATION 610  
 IQALUIT, NUNAVUT X0A - 0H0**

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 NOTE: APPLICATIONS CANNOT BE APPROVED IF INSTALLATION IS 3 PHASE OR IF SERVICE CAPACITY IS OVER 125 AMPERES.  
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