

ELECTRICAL INSTALLATION PERMIT AMENDMENT

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

Note: Technical Safety BC collects your personal information for the purpose of administering permits and other activities under the *Safety Standards Act* and may need to disclose this information to entities such as utilities, provincial agencies and municipalities. By submitting this form you are consenting to the disclosure described above. Any personal information collected is handled in accordance with the British Columbia *Freedom and Protection of Privacy Act*. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information and Privacy Analyst for the Technical Safety BC at 1-866-566-7233.

Original Permit Number:

A. PERMIT INFORMATION (PRINT clearly)

Permit Type Class: <input type="checkbox"/> Contractor Permit – Commercial/Industrial <input type="checkbox"/> Contractor Residential Multi-Unit Dwelling <input type="checkbox"/> Contractor Residential Single-Family Dwelling <input type="checkbox"/> Homeowner Service Install / Upgrade <input type="checkbox"/> Homeowner Addition / Modification / Alteration		<input type="checkbox"/> Expiry Amendment <input type="checkbox"/> Permit Value Amendment <input type="checkbox"/> Amperes Amendment	
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B. CONTACT INFORMATION

Applicant Name: Contractor or Home Owner name	
Applicant email address:	Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mail

C. SITE INFORMATION

Installation Name: Site name or customer name				
Unit or Suite No.	Civic No.:	Street Name:	Street Type:	Street Direction: N S E W
City:		Province:	Postal Code:	
Site Contact Name:		Site Contact Phone No:	Site Contact Cell No:	

D. INSTALLATION INFORMATION

<input type="checkbox"/> New Expiry Date <input type="checkbox"/> Revised Permit Valuation \$ _____ (Contractor Commercial, Industrial or Multi-Unit Residential permits) <input type="checkbox"/> Revised Service Information _____ Amps (Homeowner or Contractor Single Family Residential permits)
Revised Description of Work (if applicable):

E: FEE DECLARATION Refer to Technical Safety BC Fee Schedule (www.technicalsaftybc.ca/electrical-fee-schedule)

Fee Payable : \$	Less original payment: \$	Amount due: \$
<input type="checkbox"/> Homeowner I hereby declare that I am the registered owner of the residential dwelling described herein and to the best of my knowledge, all of the information provided on this permit application is complete and accurate.		
<input type="checkbox"/> Checking this box and submitting this form to Technical Safety BC via email constitutes your authorization. This has the same effect as submitting a handwritten signature.		
Signature:		Date: MM DD YYYY

TERMS AND CONDITIONS FROM THE ORIGINAL PERMIT ARE STILL APPLICABLE.

Technical Safety BC is working towards going paperless! Participate by signing up for email correspondence.