

Electrical Contractor Authorization and Declaration of Compliance

Building Department: 604-990-2480, electricaldept@dnv.org

A. Installation			
Installation Name (First and Last)		Permit Number	ELEC -
Address			
City	North Vancouver, BC	Postal Code	
Additional Information			
B. Licensed Electrical Contractor			
Licensed Electrical Contractor (EC) name			
License No.		Telephone	
C. Declaration (to the electrical inspection office/and supply authority)			
Field Safety Representative No. (FSR)		FSR Classes	
<p>"I _____ a field safety representative for the above licensed contractor, hereby declare that the electrical installation authorized under the above mentioned permit has been installed to comply with the Safety Standards Act and Regulations of British Columbia."</p>			
Field Safety Representative (FSR) Signature:			
I understand that checking this box constitutes a legal signature <input type="checkbox"/>	Date		
Inspection will be scheduled for next business day. To request a later date:	Date		
If you submit your request by 2:30pm Monday-Friday (excluding statutory holidays), you can schedule your inspection for the next business day.			
<input type="checkbox"/> Rough wiring as noted below is ready for inspection on:		<input type="checkbox"/> Installation safe (6 month safety check)	
<input type="checkbox"/> Complete <input type="checkbox"/> Slab <input type="checkbox"/> Underground <input type="checkbox"/> UFER Ground <input type="checkbox"/> Partial (specify area): _____			
<input type="checkbox"/> Electrical installation is ready for connection as noted below:			
<input type="checkbox"/> Temp to Perm <input type="checkbox"/> New Service <input type="checkbox"/> Temporary Construction Service <input type="checkbox"/> Service Repair <input type="checkbox"/> Service Change From: _____ To: _____			
Type of grounding electrode:	<input type="checkbox"/> Rod <input type="checkbox"/> Ufer <input type="checkbox"/> Plate <input type="checkbox"/> Water <input type="checkbox"/> Other describe		
Voltage (line to line) V	AMPS A	Phase ∅	Electric Heat kw
Partial final inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Specific area		
Final inspection (all work complete): <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Non-Compliances of	Date	Have been corrected	
Remarks			
D. Office use only			
Installation as noted above has been accepted on the basis of the qualification of the Electrical Contractor's Field Safety Representative	Name		
Electrical Safety Inspector Signature:			
I understand that checking this box constitutes a legal signature <input type="checkbox"/>	Date		