



Electrical Wiring Permit Application

(for inquiries call 1-888-659-3222)

FOR OFFICE USE ONLY		
SITE		
PERMIT	PLAN Review/Registration	Initial

1

Site

* PERMIT TYPE (Chose from the following permit types)							
<input type="checkbox"/> New Service	<input type="checkbox"/> Relocate Building (pre-wired)	<input type="checkbox"/> Disc/Reco (no circuit changes)	<input type="checkbox"/> Service Entrance Relocate	<input type="checkbox"/> Sign Installation	<input type="checkbox"/> Temporary for Shows	<input type="checkbox"/> Temporary for Construction	<input type="checkbox"/> Emergency Repair / Siding Installation
<input type="checkbox"/> Permanent (feeder branch)							
<input type="checkbox"/> Changeover							
If PreFab building show Wiring Permit or CSA#							
* ELECTRICAL CONTRACTOR (company name)				* LICENCE		* TELEPHONE	
* ELECTRICIAN (on-site)				* LICENCE		* TELEPHONE	
* PROPERTY LOCATION (address – House No./Suite/Unit, Street, Municipality)						PID (from building permit)	
* BUILDING USAGE (ex. Day Care, duplex, etc.)		* BUILDING NAME (ex. Shopping Inc.)		* CONSTRUCTION		Over 30 years old residential	
				<input type="checkbox"/> New building		<input type="checkbox"/> Yes	
				<input type="checkbox"/> Existing building		<input type="checkbox"/> No	
* DESCRIPTION OF WORK (NEW equipment, feeders, services and branch circuits – ex Heat Pump, Boiler, Furnace, Solar, wind, turbine, fuel cell)							

2

Owner

* PROPERTY OWNER (Name & address - House No., Suite/Unit, Street, Municipality, province, postal code)		* TELEPHONE	
BUILDING OWNER (Name & address - House No., Suite/Unit, Street, Municipality, province, postal code)		TELEPHONE	
OCCUPANCY NAME (ex. Toys Inc.)	OCCUPANCY USAGE (ex. Retail store)	FLOOR/SUITE	

3

Service

* MAIN SERVICE INFORMATION (required information for all permit types)									
<input type="checkbox"/> Overhead	<input type="checkbox"/> New service OR	Volts			Amps			Phase	KVA
<input type="checkbox"/> Underground	<input type="checkbox"/> Existing service								
COMPLETE ONLY FOR NEW SUB-METERING OR BRANCH CIRCUITS WITH NO CHANGE TO MAIN SERVICE									
<input type="checkbox"/> Feeder OR	Volts	Amps	Ph	<input type="checkbox"/> Feeder OR	Volts	Amps	Ph	<input type="checkbox"/> Feeder OR	Volts
<input type="checkbox"/> Sub Meter				<input type="checkbox"/> Sub Meter				<input type="checkbox"/> Sub Meter	
qty: _____				qty: _____				qty: _____	

Notes

- 1- Items with “ * ” are REQUIRED fields. This application will not be processed if ANY of the REQUIRED fields are missing.
- 2- Submit plans stamped by an Electrical Engineer with this Wiring Permit Application when the new installation is
 - (a) greater than 600 amperes for a 120/240 volts single phase;
 - (b) greater than 400 amperes for a 120/208 volts three phase;
 - (c) greater than 400 amperes for a 347/600 volts three phase; or
 - (d) greater than 347/600 volts.



Additional information for Supply Authority



www.nbpower.com

WPA@nbpower.com

(800) 615-0522



www.edmundston.ca

energie@edmundston.ca

(506) 739-2106



www.sjenergy.com

customer.service@sjenergy.com

(506) 658-5252



www.perth-andover.com

info@perth-andover.com

(506) 273-4513

Failure to provide the following information may result in processing delays with the Utility.

4

Utility

* SUPPLY UTILITY			
<input type="checkbox"/> NB Power	<input type="checkbox"/> Edmundston Energy	<input type="checkbox"/> Saint John Energy	<input type="checkbox"/> Perth-Andover Electric Light Commission
* Is Supply Authority involvement or scheduling for connection or reconnection required ?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
NAME AND ADDRESS FOR POWER BILL (<i>Name & address - House No., Suite/Unit, St, Municipality, province, postal</i>):			TELEPHONE
SPECIFY WORK ORDER NUMBERS (<i>call above utility to obtain it</i>)			
Are you installing an Electric Vehicle charging station ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Service fed from Transformer Pad ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the owner is a municipal or government agency specify:			
CONTACT NAME	E-MAIL	TELEPHONE	

5

SNB

PROCESSING Applications are processed in person at the following Service New Brunswick locations: Bathurst, Campbellton, Edmundston, Fredericton, Miramichi, Moncton, Saint John and Woodstock OR Fax application to (506) 462-2013 OR E-Mail to TIS@SNB.ca OR mail to address below
PAYMENT (PLU 784008) In person at SNB: All payment types accepted – Cash, Cheque, Money Order, Debit, EFT or Credit Card (<i>Visa, MasterCard, AMEX</i>) Via cheque or money order: made payable to the Minister of Finance <i>Public Safety, PO Box 6000 Technical Inspection Services Fredericton, NB E3B 5H1</i>

*** Declaration ***

By signing this application I accept responsibility and declare that all the information contained herein is accurate to the best of my knowledge and that I or a qualified **employee** under proper supervision will be performing the work in accordance with the **Canadian Electrical Code, provincial regulations and Service Entrance Standards**; AND I understand that this application is subject to additional terms and conditions as deemed necessary at the sole discretion of the inspection department and that special inspection fees can be applied whenever wiring is commenced prior to this permit being issued; AND I further acknowledge that temporary wiring permits will expire after six month without notice, that all construction points shall be called-in for inspection and that failure to comply will result in utility services being delayed or disconnected subsequent to e-mail, mail, or verbal notification.

ELECTRICAL CONTRACTOR SIGNATURE

DATE