

Inspection Request Email <u>e.inspections@surrey.ca</u> Inspection Request Fax

(604) 591-4440

Inspection Schedule Line (604) 591-4650

ELECTRICAL CONTRACTOR AUTHORIZATION & DECLARATION OF COMPLIANCE ELECTRICAL INSPECTION REQUEST (CAF)

Regulated work shall not be concealed or connected to a source of power without first obtaining approval from the City of Surrey as per the nents of Electrical Safety Regulation 19 (4). This form must be filled in accurately to o

Α.	INSTALLATION:	dicty negalation	on 15 (4). This form mast be fined	accurately to complete	
Permit Number: E-		Installation Name:			
Address:		Street / Ave: Unit No		Bldg. No:	
В.	LICENSED ELECTRICA	L CONTRAC	CTOR:		-
Con	tractor Name:				Licensed No: LELO
Phone:		Email:			
C. DECLARATION:					
"I _					bove licensed contractor, hereby
			nstallation authorized under the a Dlumbia and Surrey Electrical Safet		nd confirm it is in compliance with the
	No:	FSR Class:	FSR Signature:		YYYY MM DD 20 / /
D.	REQUEST:				20//
	Permit Extension Req	uested (wor	k is in progress and installation is	safe)	
			encies identified on certificate of		YYYY MM DD 20 / /
	listed date, outstanding defic	ciencies not cor	rected are subject to a re-attendar	nce fee.	20//
Ele	ctrical Installation Read	dy For Conr	nection (if applicable, identify	the appropriate option	below)
	Service Connection R	equest if app	olicable provide additional informa	tion below (E. ADDITIONA	AL REMARKS)
	Service Type	\Rightarrow	☐ Consumer Service		Sub Service
	Meter Type		☐ BC Hydro Supplied		N/A
Voltage (Line to Line)				IN/A	
	Voltage (Line to Line	e)	Amperage		Phase
	Voltage (Line to Line	e)			
	Voltage (Line to Line	e)			
Ro	- '				
Ro	- '	ection (if app	Amperage		
Ron	ugh Wiring (R/W) Inspe	ection (if app	Amperage Dicable, identify the appropriate of final inspection request		
	All R/W Is Complete R Partial R/W Location(s) in Single Family Dwelling	ection (if app equired prior to adicated below g All rough wiri	Amperage Dicable, identify the appropriate of final inspection request	e option below)	Phase
	All R/W Is Complete R Partial R/W Location(s) in Single Family Dwelling (e.g. landscape lighting, wate	ection (if app equired prior to dicated below g All rough wirk er feature, etc.)	Amperage Dicable, identify the appropriate of final inspection request (E. ADDITIONAL REMARKS) ing installed in the single family dy	e option below) velling is complete –addition	Phase
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