

Declaration - Homeowner Applying for Electrical Permit

Installation Address:					
I,, declare that I am the owner of the above					
premises for which this permit applies. I, THE UNDERSIGNED, HEREBY ACKNOWLEDGE,					
CONFIRM AND AGREE TO THE FOLLOWING:					
1.	The above address is a fully detached one-family dwelling.	Yes		No	
3.	This one-family dwelling does not contain a secondary suite.	Yes		No	
4.	This one-family dwelling does not contain a lock-off unit.	Yes		No	
5.	I occupy this dwelling as my permanent residence.	Yes		No	
6.	This property does not contain a rental suite, unit or laneway house.	Yes		No	
7.	I am qualified and will do the work without assistance.	Yes		No	
8.	I am responsible to ensure that the installation will comply with the Vancouver Electrical By-law NO. 5563 including the adopted Canadian Electrical Code, Part I.	Yes		No	
9.	The work will be assisted by a qualified person not under contract, and who will not receive remuneration. If yes, please provide name and contact phone number. Name: Phone #:	Yes		No	
Notes: A homeowner may perform electrical work in their fully detached dwelling under an installation permit only if the electrical work involves only installations in which the current and voltage do not exceed 200 amps and 150 volts to ground, single phase.					
A homeowner may perform regulated electrical work under an installation permit in their own fully detached dwelling if that dwelling is, or is intended to be, the permanent residence of the homeowner. Fully detached dwelling is building specifically designed for single family use. Duplex, triplex or any other dwelling designed for multi-family use is not considered a fully detached dwelling. Similarly, fully detached dwelling with self-contained suite is considered multi-family.					
A qualified person is an individual who is competent to perform electrical works; and who is also familiar with the electrical systems and equipment and the hazards involved.					
Contact Phone Number:					
Email Address:					
Date:					
Signature:					

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