



Planning and Development Department
 Permits and Inspections Division
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Electrical Contractor's Authorization

To the Chief Electrical Inspector:

A. Installation

Electrical Permit No.: _____

Installation name: _____

Address: _____

B. Registered Electrical Contractor

Name: _____ Registration No.: _____

Phone: _____ Fax: _____ Email: _____

C. Declaration: To the City of Victoria (and supply authority if required)

Field Safety Representative (FSR) Number:			Class:		
I, _____, a registered FSR for the above contractor, ensure the regulated work under the above-mentioned permit complies with the requirements of M58 Electrical Safety Regulation, M63 Safety Standards General Regulation, BC Electrical Code and City of Victoria electrical bylaws.					
FSR Signature:			Date:	YYYY	MM DD
<input type="checkbox"/> Work in progress	<input type="checkbox"/> All work is complete	<input type="checkbox"/> Occupancy	<input type="checkbox"/> Installation is safe (6 month safety check)		
<input type="checkbox"/> Rough wiring as noted below may be covered on:			Date:	YYYY	MM DD
<input type="checkbox"/> Complete <input type="checkbox"/> Partial (specify area): _____ <input type="checkbox"/> Slab <input type="checkbox"/> Ufer ground <input type="checkbox"/> Underground					
<input type="checkbox"/> Electrical installation is ready for connection as noted below:					
<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 ground electrode <input type="checkbox"/> Rods <input type="checkbox"/> Ufer <input type="checkbox"/> Plate <input type="checkbox"/> Other: _____					
Service Characteristics	Voltage (line to line)		AMPS	Phase	Electric Heat
	V		A	Ø	kw
<input type="checkbox"/> Deficiencies of:			YYYY	MM	DD
_____ have been corrected					
Remarks:					
Installation as noted above has been accepted on the basis of the Qualification of the Electrical Contractor's Registered Representative				Name (print):	
Date:			Electrical Safety Inspector Signature:		
YYYY	MM	DD			

White – (top copy) Applicable safety authority Green – Job site Pink – Supply authority (when applicable) White – Electrical Contractor