



ADDENDUM B
CITY OF MAPLE RIDGE
ELECTRICAL CONTRACTOR AUTHORIZATION FORM
FILMING

Installation:

Permit Number: (Office Use Only)	
Production Co:	Project Name:
Site or Location Name if Applicable (Business name, Park, Facility, Residence)	
Film Location Address	
Circus Location:	
Generator Inspection Date:	Inspection Time:

Registered Electrical Contractor Information and signature:

Registered Electrical Contractor (EC) Name (please print):		Registered Electrical class:
Registration No.	Telephone:	Email:
I, _____, a registered representative for the above production company, will physically inspect the electrical work completed under the above-mentioned permit, and hereby certify that the electrical installation authorized thereby will be installed to comply with the Electrical Safety Act and Regulations of British Columbia.		
Registered Representative (RR) Signature:		Date:
Type of Grounding Electrode:	<input type="checkbox"/> ROD	<input type="checkbox"/> PLATE
# of Generators	List Individual KVA	



11995 Haney Place
Maple Ridge, BC
V2X 6A9
Hours: M-F 8 am to 4 pm

FILM COORDINATOR
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