

## **Gas Permit Application**

Permit Label

Other Required Permits:   Buildi	ng 🗌 Electrical	☐ Plumb	bing 🗌 PSDS	<u> </u>	
Permit Type:  Owner  Contractor			Development Permit Number:		
Application Date (M/D/Y): Es			Estimated Completion Date (M/D/Y):		
Owner: Mailing Address:					
City:	Prov.:	:P	ostal Code:	Phone:	
Cell Number:	Email Address:			Fax:	
Contractor:	Mailing Address:				
City:	Prov.:	: Po	ostal Code:	Phone:	
Cell Number:	Email Address:			Fax:	
Project Location: Name of Municipality:					
		Subdivision or Hamlet Name:			
				Tax Roll #:	
Legal Subdivision: Part of:  Directions:				vv or:	
_		_			
Project Information:       □ Commercial       □ Residential       □ Multi Family       □ Industrial       □ Institutional       □ Oil & Gas         Type of Work:       □ New       □ Renovation       □ Addition       □ Accessory Building       □ Manufactured Home       □ Temp Heat       □ Replacement					
Description of Work:	Addition	Accessory Bu	iliuling ivianui	actured notifie   Temp neat   Replacement	
Type of Gas: Natural Gas	Propane		Nar	me of Gas Supplier:	
				# Boilers: # Unit Heaters:	
# BBQ's: # Ranges # Other Outlets: # Secondary Gas Lines: <b>Total # of Outlets:</b>					
BTU Input (Non-residential):				Total Developed Area	
Propane Tank Sets: New Existing #Tank Sets: Tank Size:					
Serial Number(s):				and a second of the second of	
Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. FOIP Notification: Personal information collected on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It is used for processing permit applications, issuing permits, safety codes compliance monitoring, verification and program evaluation. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation.					
Journeyman's Name (Please print)	Journeyr	man's Signatu	re	Homeowner's Signature (Homeowner permits only)	
Journeyman's Certification Number:				Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.	
Permit Fee: \$ *SCC Levy: \$ TOTAL FEE: \$					
*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560  Payment Method: Visa M/C Debit Cheque Cash Authorization / Cheque Number					
				Date of Authorization:	
Name of Cardholder: Signature of Cardholder:					
Permit Validation Section to be completed by Permit Issuer: Inspecting SCO:					
Special Conditions:					
Permit Issuer's Name (print or type)	or type) Permit Issuer's Signature			9	
Permit Issuer's Designation Number: Date of Issue (M/D/Y):					

Toll Free Ph: 1.888.717.2344 Toll Free Ph: 1.866.999.4777 Toll Free Ph: 1.877.320.0734

Fax: 403.320.9969 Fax: 780.870.9036 Toll Free Ph: 1.888.358.5545 Fax: 403.358.5085

Fax: 403.717.2340 Toll Free Fax: 1.888.717.2340 Fax: 780.489.4711 Toll Free Fax: 1.866.900.4711

Toll Free Fax: 1.866.358.5085 Revised: March 12, 2018