

Gas Permit Application

Permit Label

Other Required Permits: Building Permit Type: Owner Contractor Application Date (M/D/Y):	r	Development Pe	ermit Number: pletion Date (M/D/Y):
Owner:		Mailing Address:	
City:	Prov.:	Postal Code:	Phone:
Cell Number:	Email Address:		Fax:
Contractor:	Mailing Address:		
City:	Prov.:	Postal Code:	Phone:
Cell Number:	Email Address:		Fax:
Project Location: Name of Municipality:			
Street or Rural Address:	Subdivision or Hamlet Name:		
			ax Roll #:
Legal Subdivision: Part of:			W of:
Directions:			
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: ☐ Description ☐ Description			
Type of Gas: Natural Gas Propane Name of Gas Supplier:			
			# Boilers: # Unit Heaters:
# BBQ's: # Ranges #	Other Outlets:	# Secondary Gas Lines:	Total # of Outlets:
BTU Input (Non-residential):			Total Developed Area
Propane Tank Sets: New Serial Number(s):	Existing #Tar	nk Sets:	Tank Size:
Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the municipality.			
Journeyman's Name (Please print)	Journeyman'	's Signature	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 Credit Card #: Date of Authorization:			
Name of Cardholder:		Signature of Cardholder	
Permit Validation Section to be completed Permit Conditions:	l by Permit Issuer:	Inspe	ecting SCO:
Permit Validation Section to be completed	d by Permit Issuer:	Insperience Insper	

Ph: 403.358.5545

T4P 3E8

Fax: 780.489.4711 Fax: 403.320.9969 Fax: 780.870.9036 Fax: 403.358.5085

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