



Gas Permit Application

Permit Label

Other Permits Required: Building Electrical Plumbing PSDS

Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

Estimated Completion Date (M/D/Y): _____

Owner Name: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____
 Alt Phone: _____ Email Address: _____ Fax: _____

Contractor: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____
 Alt Phone: _____ Email Address: _____ Fax: _____

Municipality: COUNTY OF VERMILION RIVER Street Address: _____
 Lot: _____ Block: _____ Plan: _____ Subdivision/Hamlet Name: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: 4 Tax Roll #: _____
 Directions: _____

Type of Occupancy: Farm Residential Commercial Industrial Institutional Oil & Gas Other (specify) _____
 Type of Work: New Renovation Addition Accessory Building Manufactured Connection Temporary Heat Basement Development
 Description of Work: _____

Gas: Natural Gas Propane Gas Supplier Name: _____
 # Furnaces: _____ # Water Heaters: _____ # Fireplaces: _____ # Dryers: _____ # Boilers: _____ # Radiant Heaters: _____
 # BBQ's: _____ # Secondary Risers: _____ # Ranges _____ # Other Outlets: _____ Total BTU's (Non-Residential): _____
 Total # of Outlets: _____ Total Developed Area _____

Propane Tank Sets: New Existing #Tank Sets: _____ Tank Size: _____
 Serial Number(s): _____
 Vaporizer Refill Center # of Cylinders Service Line from Tank to Building Temporary Heat

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. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; A Safety Codes Agency is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

Journeyman's Name (Please print) _____ Journeyman's Signature _____ Homeowner's Signature (Homeowner permits only)
 Journeyman's Certification Number _____ (SEE HOMEOWNER'S DECLARATION FORM)

Project Value (Materials & Labour): \$ _____ Total Developed Area: _____ Sq. Ft.
 Permit Fee: \$ _____ Payment Method: Credit Card Debit Cheque Cash
 *SCC Levy: \$ _____ Authorization / Cheque Number _____
 TOTAL FEE: \$ _____ Credit Card #: _____ Expiry Date: _____
 Receipt #: _____ Date of Authorization: _____
 Name of Cardholder: _____
 Signature of Cardholder: _____

*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

Permit Validation Section to be completed by Permit Issuer:
 Special Conditions: _____
 Permit Issuer's Name (print or type) _____ Permit Issuer's Signature _____
 Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____

HOMEOWNER'S DECLARATION FORM

The owner of anything, process or activity to which this (Safety Codes Act) Act applies shall ensure that it meets the requirements of this Act, that the thing is maintained as required by the regulations and that when the process or activity is undertaken it is done in a safe manner.

"Homeowner" means a person as the owner of the fee simple estate of land, who resides or, with respect to a residence that is under construction, intends to reside in a freestanding single family dwelling, located on the land.

- (A) You must **OWN** and **LIVE IN** or **WILL LIVE IN** the single family residence in which you wish to do the work for the following permits: building, electrical, plumbing or gas;
- (B) You must have knowledge and be personally capable to perform the work/installation.

I am the registered Homeowner, whose name appears on the land title of the property indicated below and accept full responsibility for the work I propose to do that will be in compliance with the Safety Codes Act and Regulations. All information provided is true and correct.

Having read and understood the above conditions I declare that I know how, will **PERSONALLY** install and take full responsibility for the work I propose.

CIVIC ADDRESS: _____

LOT _____ BLOCK _____ PLAN _____

LEGAL SUBDIVISION: _____

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Note: A permit is not a guarantee or assurance of the quality of the work, system, or project to be undertaken, nor does it guarantee the longevity of a material, product, or assembly. The undertaking needs to satisfy the requirements of the applicable Codes and Standards.

OFFICE USE ONLY

Permit # issued: _____

Date issued: _____