

GAS PERMIT APPLICATION FORM

Application Date (mmm/dd/yyyy): _____ **Other Permits Required:** Building Electrical Plumbing Private Sewage Not Applicable
(under separate application)

Development Permit No. (only if applicable): _____

Estimated Start Date (mmm/dd/yyyy): _____ **Estimated Project Completion Date** (mmm/dd/yyyy): _____

Permit Applicant: Owner Contractor **Value of Work** (labour and materials): \$ _____

Owner Name (please print): _____

Mailing Address: _____ **City/Town/Village:** _____ **Province:** _____ **Postal Code:** _____

Email: _____ **Phone:** _____ **Fax:** _____

Contracting Company Name (please print): _____ **Contact Name** (please print): _____

Mailing Address: _____ **City/Town/Village:** _____ **Province:** _____ **Postal Code:** _____

Email: _____ **Phone:** _____ **Fax:** _____

Project Location (Municipality): _____ **Subdivision/Hamlet Name:** _____ **Tax Roll No.:** _____

Street/Rural Address: _____ **Unit:** _____ **Postal Code:** _____

Lot: _____ **Block:** _____ **Plan:** _____ **LSD:** _____ **Quarter:** _____ **Section:** _____ **Township:** _____ **Range:** _____ **West of:** _____

Directions: _____

Description of Work (please provide a *complete* and *detailed* description of what is intended to be completed): _____

Work has not started Work is in progress Work is complete

| TYPE OF OCCUPANCY | TYPE OF WORK | | NUMBER OF OUTLETS | |
|---|--|---|--|--|
| <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Relocatable Industrial <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Other: _____ | <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Tank Size: _____ <input type="checkbox"/> Propane Tank Set <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Grain Dryer <input type="checkbox"/> Refill Centre <input type="checkbox"/> Service Reconnection <input type="checkbox"/> Annual Permit <input type="checkbox"/> Temporary Heat # Units: _____ <input type="checkbox"/> Other: _____ | Boilers: _____ Furnaces: _____ BBQs: _____ Ranges: _____ Dryers: _____ Unit Heaters: _____ Fireplaces: _____ Water Heaters: _____ Secondary Gas Line: _____ Other: _____ Total No. of Outlets: _____ Project Total BTU: _____ | |

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. Questions about this collection may be directed to ASCA Coordinators at 1-888-413-0099 or at Suite 500, 10405 Jasper Avenue, Edmonton, AB T5J 3N4.

Journeyman's Name (please print) _____ Certification No. _____ Journeyman's Signature _____

Permit Applicant's Name (please print): _____ Permit Applicant's Signature: _____

Homeowner's Signature (homeowner permit only) **Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.**

OFFICE USE ONLY

Permit Fee: \$ _____ Travel Fee: \$ _____ SCO/Permit Issuers Name (please print): _____

SCC Levy: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) SCO/Permit Issuers Signature: _____

Total Cost: \$ _____ Designation No.: _____

Cash Cheque Debit Credit Card (attach signed credit card authorization form) Invoiced

Receipt No.: _____ Permit Issue Date: _____ (mmm/dd/yyyy)