



Town of Redcliff
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Please submit all permit applications to redcliff@redcliff.ca for review and processing.

GAS PERMIT APPLICATION FORM

Development Permit Number: _____

Estimated Project Start Date: _____

Building Permit Number (if applicable): _____

Estimated Project Completion Date: _____

Applicant Type: Owner Contractor

Work: has not started is in progress is complete

OWNER / APPLICANT: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

CONTRACTOR: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

PROJECT LOCATION:

Municipality: _____

Street Address: _____

Legal Land Description: LSD: _____ Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Lot: _____ Block: _____ Plan: _____ Tax Roll Number: _____

Directions: _____

BUILDING TYPE:	TYPE OF WORK:	NUMBER OF OUTLETS:	SERVICE INFORMATION:
<input type="checkbox"/> Residential	<input type="checkbox"/> New Work	Furnaces	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane
<input type="checkbox"/> Commercial	<input type="checkbox"/> Addition	Water Heaters	Project Total BTUs
<input type="checkbox"/> Industrial	<input type="checkbox"/> Renovation, Alteration	Fireplaces	
<input type="checkbox"/> Institutional	<input type="checkbox"/> Connection	Dryers	
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Temporary Heat	Unit Heaters	
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Service <input type="checkbox"/> Air Test <input type="checkbox"/> Annual Permit <input type="checkbox"/> Other (specify) _____	Boilers	
		Barbecues	Propane Tank Set Only <input type="checkbox"/> Yes <input type="checkbox"/> No
		Ranges	Number of Tanks
		Secondary Gas Lines	Tank Sizes
		Other (specify)	Serial Numbers
		Total Outlets	

DESCRIPTION OF WORK: _____

Journeyperson's Name (print) _____ Journeyperson's Certificate Number _____ Journeyperson's Signature _____

Homeowner's Signature (homeowner permit only) _____

I hereby declare that I am the owner of the premises where the work will be conducted and/or currently reside or intend to reside on the property. I assume responsibility for ensuring compliance with the applicable Act and Regulations.

OFFICE USE ONLY

PAYMENT TYPE:	APPLICATION DETAILS:
Permit Fee: \$ _____	Application Date: _____
+ SCC Levy*: \$ _____	Permit Number: _____
+ Admin Fee: \$ _____	
= Total Cost: \$ _____	Receipt #: _____

* \$4.50 or 4% of the permit fee maximum \$560.00

The personal information provided as part of this application is collected under the authority of the Safety Codes Act, the Municipal Government Act, and in accordance with the Protection of Privacy Act (POPA) and the Access to Information Act (ATIA). This information is required and will be used for issuing permits, verifying and monitoring compliance with safety codes, and for property assessment purposes. The name of the permit holder and the nature of the permit may be made available to the public upon request. If you have any questions about the collection or use of your personal information, please contact the Town of Redcliff.