

## GAS PERMIT APPLICATION FORM

A Division of the Safety Codes Council

*Place cursor over each field for instructions on how to fill out this form. See the Alberta Permit Regulation for more information.*

**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

*The below technical information is required.*

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 <input type="checkbox"/> Other: _____ # Units: _____	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)

City and Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Toll Free Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Toll Free Fax: \_\_\_\_\_