

Gas Permit Application

Permit Applicant: ☐ Owner ☐ Contractor

Application Date (mm/dd/yyyy): _____

Development Permit No. (if applicable): _____

Building Permit No. (if applicable): _____

Estimated Start Date (mm/dd/yyyy): _____

Estimated Completion Date (mm/dd/yyyy): _____

Value of Work (labour & materials): _____

Owner Name (printed): _____

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

*Email: _____ Owners Phone #: _____ Fax #: _____

Contracting Company Name (printed): _____ **Contact Name** (printed): _____

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

*Email: _____ Owners Phone #: _____ Fax #: _____

Project Location

Municipality: _____ Subdivision/ Hamlet Name: _____ Tax Roll No.: _____

Street/ Rural Address: _____ Unit: _____

*Legal land description is required

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

Directions: _____

Description of Work (please provide a **complete** and **detailed** description of the work to be completed including all applicable drawings/ documents):

☐ Work has not started ☐ Work is in progress ☐ Work is complete

WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING

TYPE OF OCCUPANCY/ FUEL TYPE	TYPE OF WORK	NUMBER OF OUTLETS
☐ Single Family Residential ☐ Multi-Family Residential # of units: _____ ☐ Agricultural (Farm) ☐ Commercial ☐ Industrial ☐ Institutional ☐ Other (specify): _____	☐ New ☐ Addition ☐ Renovation/Alteration ☐ Accessory Building ☐ Grain Dryer: ☐ Portable ☐ Non-Portable ☐ Manufactured/ RTM Home - foundation type: _____ ☐ Propane Tank - size: _____ ☐ Propane Tank Set - manifolded _____ ☐ Temporary Service/ Heat - # of units: _____ ☐ Other (specify): _____ ☐ Refill Centre ☐ Service Connection ☐ Annual Permit	Furnace: _____ Water Heater: _____ Fireplace: _____ Dryer: _____ Secondary Gas Line: _____ Other (specify): _____ Unit Heater: _____ Boiler: _____ BBQ: _____ Range: _____
FUEL TYPE: ☐ Natural Gas ☐ Propane		Total # of Outlets: _____ Project Total BTU: _____

The personal information you provide to Alberta Safety Codes Authority (ASCA) and the Safety Codes Council is authorized under section 4(c) of the Protection of Privacy (POPA) Act. This information is used to support the administration and delivery of services within ASCA's scope under the Safety Codes Act. This includes, but is not limited to, certification, accreditation, training programs, and program evaluation and planning purposes (including processing permit applications, issuing permits, monitoring and verifying compliance, and conducting investigations and audits). Information may be shared with municipalities, contracted accredited agencies, or other regulatory or governmental bodies as authorized by legislation. ASCA may disclose information in response to permit search requests associated with land transactions or due diligence processes. Additionally, contact information may be used for the Council's annual survey. Please direct questions concerning the collection of this information to the Privacy Information Coordinator at the Safety Codes Council, Suite 500, 10405 Jasper Ave. NW, Edmonton, Alberta, T5J 3N4. Email: privacy@safetycodes.ab.ca

Certified Installer's Name (please print) _____

Certification No. _____

Certified Installer's Signature _____

 Homeowner's Signature (homeowner permit only) **Homeowner Declaration:** I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.

OFFICE USE ONLY
Other Permits Required ☐ Building ☐ Electrical ☐ Plumbing ☐ Private Sewage ☐ Not Applicable

Permit Fee: \$ _____

SCC Levy: \$ _____

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

Travel Fee: \$ _____

Total Cost: \$ _____

Receipt No.: _____

☐ Invoiced ☐ Cash ☐ Cheque ☐ Debit

☐ Credit Card ☐ Visa ☐ MC (attach signed credit card authorization form)

[Received Date Stamp]

eSITE Permit No.: _____

Agency File No.: _____

 Visit [Where to get a Permit](#) to find out where to submit your application.

*Email address fields and legal land description are required to be completed. See permit guidelines for details.