



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 <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 Receipt No.: _____ Permit Issue Date: _____
 Credit Card (attach signed credit card authorization form) Invoiced (mmm/dd/yyyy)