

Gas Permit Application

Permit Label

Other Permits Required: Building Electrical Plumbing PSDS

Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

Estimated Completion Date (M/D/Y): _____

Owner Name: _____ **Mailing Address:** _____
City: _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____
Alt Phone: _____ **Email Address:** _____ **Fax:** _____

Contractor: _____ **Mailing Address:** _____
City: _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____
Alt Phone: _____ **Email Address:** _____ **Fax:** _____

Municipality: _____ **Street Address:** _____
Unit #: _____ **Lot:** _____ **Block:** _____ **Plan:** _____ **Subdivision or Hamlet:** _____
Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ **Tax Roll #:** _____
Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas
Type of Work: New Renovation Addition Accessory Building Manufactured Home Temp Heat Replacement
Description of Work: _____

Gas: Natural Gas Propane **Gas Supplier Name:** _____
Furnaces: _____ **# Water Heaters:** _____ **# Fireplaces:** _____ **# Dryers:** _____ **# Boilers:** _____ **# Radiant Heaters:** _____
BBQ's: _____ **# Secondary Risers:** _____ **# Ranges:** _____ **# Other Outlets:** _____ **Total BTU's (Non-Residential):** _____
Total # of Outlets: _____ **Total Developed Area:** _____

Propane Tank Sets: New Existing **#Tank Sets:** _____ **Tank Size:** _____
Serial Number(s): _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

Journeyman's Name (Please print) _____ **Journeyman's Signature** _____ **Homeowner's Signature (Homeowner permits only)** _____
Journeyman's Certification Number _____

Permit Fee: \$ _____ ***SCC Levy: \$** _____ **TOTAL FEE: \$** _____
*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560
Payment Method: Visa M/C Debit Cheque Cash **Authorization / Cheque Number** _____
Credit Card #: _____ **Expiry Date:** _____ **Date of Authorization:** _____
Name of Cardholder: _____ **Signature of Cardholder:** _____

Permit Validation Section to be completed by Permit Issuer:
Special Conditions: _____

Permit Issuer's Name (print or type) _____ **Permit Issuer's Signature** _____
Permit Issuer's Designation Number: _____ **Date of Issue (M/D/Y):** _____

Calgary	25, 2015 – 32 Avenue NE	T2E 6Z3	Ph: 403.717.2344	Toll Free Ph: 1.888.717.2344	Fax: 403.717.2340	Toll Free Fax: 1.888.717.2340
Edmonton	14613 – 134 Avenue	T5L 4S9	Ph: 780.489.4777	Toll Free Ph: 1.866.999.4777	Fax: 780.489.4711	Toll Free Fax: 1.866.900.4711
Fort McMurray	165, 101 Signal Road	T9H 4N6	Ph: 780.715.7726	Toll Free Ph: 1.877.715.7726	Fax: 780.715.7731	Toll Free Fax: 1.877.815.7731
Grande Prairie	1 st Floor 10525 – 100 Avenue	T8V 0V8	Ph: 780.882.8777	Toll Free Ph: 1.877.882.8777	Fax: 780.882.7677	Toll Free Fax: 1.877.882.8775
Lethbridge	422 North Mayor Magrath Dr.	T1H 6H7	Ph: 403.320.0734	Toll Free Ph: 1.877.320.0734	Fax: 403.320.9969	
Lloydminster	Bay 1, 2914 – 50 Avenue	T9V 2S5	Ph: 780.870.9020		Fax: 780.870.9036	
Red Deer	3, 6264 – 67A Street	T4P 3E8	Ph: 403.358.5545	Toll Free Ph: 1.888.358.5545	Fax: 403.358.5085	Toll Free Fax: 1.866.358.5085