

Gas Permit Application

Permit Type: Owner Contractor

Application Date (M/D/Y): _____

eSITE Permit Number: 305305-_____

Building Permit Number: _____

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

Owner: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Fax: _____ Email Address: _____

Contractor: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Fax: _____ Email Address: _____

Street or Rural Address: _____ Subdivision or Hamlet Name: _____
 Unit #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
 Directions: _____

<p>Type of Building:</p> <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> _____	<p>Type of Work:</p> <input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Building <input type="checkbox"/> Temp Heat <input type="checkbox"/> Replacement <input type="checkbox"/> Manufactured / Mobile Home <input type="checkbox"/> Other _____ <p>Type of Gas:</p> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane	<p>Project Information:</p> <input type="checkbox"/> Furnaces <input type="checkbox"/> Water Heaters <input type="checkbox"/> Fireplaces <input type="checkbox"/> Dryers <input type="checkbox"/> Boilers <input type="checkbox"/> Unit Heater <input type="checkbox"/> BBQ's <input type="checkbox"/> Ranges <input type="checkbox"/> Other Outlets <input type="checkbox"/> Grain Dryers <input type="checkbox"/> Secondary Gas Lines <p>Total # of Outlets _____ BTU Input _____ (Non-residential): _____</p>	<p>Detailed Description of Work:</p> _____ _____ _____ _____ _____ _____ _____ _____ <p>Name of Gas Supplier:</p> _____ _____
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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 of Privacy Act.

Journeyman's Name (Please print) _____ Journeyman's Signature _____ Homeowner's Signature (Homeowner permits only) _____
 Journeyman's Certification Number _____ *Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.*

Permit Fee: \$ _____ *SCC Levy: \$ _____ **TOTAL FEE:** \$ _____ **PERMIT FEES ARE NON REFUNDABLE**
 *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 **RECEIPT NUMBER:** _____

The personal information provided will be used to process the Gas Permit application and is collected under the authority of the Safety Codes Act and Section 33 (c) of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions about the collection and use of this information, please contact the Sturgeon County FOIP Coordinator at 9613 – 100 Street, Morinville, Alberta, T8R 1L9 (780) 939.4321.

Permit Validation Section to be completed by the Permit Issuer:

Special Conditions: _____

SCO's Name (print or type) _____ SCO's Signature _____

SCO's Designation Number _____ Date of Issue (M/D/Y): _____

M/C or Visa Number _____ Expiry Date: _____

Name (as it appears on card): _____ Authorized Signature: _____