

Gas Permit Application

Permit Label

Applications also required for: ☐ **Building** ☐ **Electrical** ☐ **Plumbing** ☐ **PSDS**

Permit Type: ☐ Owner ☐ Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

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: _____	
Project Location: Name of Municipality: _____ Street or Rural Address: _____ Subdivision or Hamlet Name: _____ Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____ Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____ Directions: _____	
Project Information: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Multi Family <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Building <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Temp Heat <input type="checkbox"/> Replacement Description of Work: _____	
Type of Gas: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Name of Gas Supplier: _____ # Furnaces: _____ # Water Heaters: _____ # Fireplaces: _____ # Dryers: _____ # Boilers: _____ # Unit Heaters: _____ # BBQ's: _____ # Ranges: _____ # Other Outlets: _____ # Secondary Gas Lines: _____ Total # of Outlets: _____ BTU Input (Non-residential): _____ Total Developed Area _____	
Propane Tank Sets: <input type="checkbox"/> New <input type="checkbox"/> 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; the contracted inspection agency 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.	
Journeyman's Name (Please print) _____ Journeyman's Certification Number _____	Journeyman's Signature _____ <small>Journeyman or Homeowner Signature Required</small>
Homeowner's Signature (Homeowner permits only) _____ 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: \$ _____ <small>*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560</small> Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Cash Credit Card #: _____ Expiry Date: _____ Cheque Number _____ Name of Cardholder: _____ Signature of Cardholder: _____	
The personal information collected through this safety code permit application form is required and will be used for issuing permits. This collection is authorized by section 4 (a) of the Protection of Privacy Act and by section 295 (2) of the Municipal Government Act. The name of the permit holder and the nature of the permit are available to the public upon request. For questions about the collection of personal information, contact Palliser Regional Municipal Services Box 1900 Hanna, AB T0J 1P0; by telephone at 403-854-3371; or by email at permits@palliserservices.ca	

CALL FOR INSPECTIONS