



Town of Westlock
10003 106 Street
Westlock, AB T7P 2K3
Phone: 780-349-4444
Fax: 780-349-4436
planning@westlock.ca



Inspection Requests:
Superior Safety Codes Inc.
14613-134 Avenue
Edmonton, AB T5L 4S9
Phone: 780-489-4777
Fax: 780-489-4711

GAS PERMIT APPLICATION FORM

Applicant: ☐ Owner ☐ Contractor

Permit Number: 345345-_____-G_____

Application Date: _____

Building Permit: _____
Development Permit: _____

Project Value (Labor + Materials): \$ _____ Estimated Start Date: _____ Estimated Completion Date: _____

Owner: _____		Mailing Address: _____	
City: _____	Prov.: _____	Postal Code: _____	Phone: _____
Email Address: _____			
Owners Signature (Single Family Residential Only): _____			
"I hereby declare I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations."			

Contractor: _____		Mailing Address: _____	
City: _____	Prov.: _____	Postal Code: _____	Phone: _____
Cell Number: _____	Fax: _____	Email Address: _____	
_____	_____	_____	_____
Journeyman Gasfitter's Name	Journeyman's Number	Journeyman's Signature	Business License No.

Project Location:	
Street Address: _____	Roll Number: _____
Lot(s): _____	Block: _____
Plan: _____	
Legal Subdivision: Part of: _____	Section: _____
Township: _____	Range: _____
W of 4	

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.

Propane Tank Sets: <input type="checkbox"/> New <input type="checkbox"/> Existing	#Tank Sets: _____	Tank Size: _____
Serial Number(s): _____		

Type of Building: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <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"/> Temp Heat <input type="checkbox"/> Replacement <input type="checkbox"/> Manufactured / Mobile Home <input type="checkbox"/> Other _____ Type of Gas: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane	Project Information: ____ Furnaces; ____ Water Heaters ____ Fireplaces; ____ Dryers ____ Boilers; ____ Unit Heater ____ BBQ's; ____ Ranges ____ Other Outlets ____ Secondary Gas Lines ____ Total # of Outlets BTU Input _____ (Non-residential):	Detailed Description of Work: _____ _____ _____ _____ _____ _____ Name of Gas Supplier: _____
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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: <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Online <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Cash			
Receipt #: _____			

Permit Validation Section to be completed by the Permit Issuer:	
Special Conditions: _____	
Permit Issuer's Name (print or type)	Permit Issuer's Signature
Designation Number _____	Date of Issue (M/D/Y): _____

INSPECTION REQUESTS please contact Superior Safety Codes at:
Ph. 780.489.4777 or 1.866.999.4777
Allow 48 hours notice for inspection