



Applicant: ☐ Owner ☐ Contractor

Application Date: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Project Value (Labor + Materials): \$ \_\_\_\_\_

Permit Number: 345345-\_\_\_\_\_-G\_\_\_\_\_

Building Permit: \_\_\_\_\_

Development Permit: \_\_\_\_\_

PROPERTY OWNER INFORMATION				
Owner Name:		Mailing Address:		City:
Province:	Postal Code:	Phone:	Email:	
<p>I hereby declare that I am the owner of the premises in/on 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</p> <p style="text-align: center;">_____ Owners' Signature</p>				
CONTRACTOR INFORMATION				
Contractor Name:		Mailing Address:		City:
Province:	Postal Code:	Phone:	Email:	
<p>_____ Journeyman Gasfitter's Name      _____ Journeymans' Number      _____ Journeyman's Signature      _____ Business License No.</p>				

The Permit holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations. Section 25(1) of the Permit Regulations AR 204/2007 of the Safety Codes Act RSZ 20000, Chapter S-1 states "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 days from the date of issue of the permit, (b) is suspended or abandoned for a period of 120 days. This permit expires after 90 days if work has not started and an extension has not been requested. Please note that a one-time ninety (90) day extension can be considered when applied for in writing prior to a permit expiry date.

PROJECT LOCATION						
Municipal Address				Roll Number		
Lot:	Block	Plan	Section	Township	Range	Meridian
PROJECT INFORMATION						
Building Occupancy: <input type="checkbox"/> Residential <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other: _____		Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Temp Heat <input type="checkbox"/> Renovation <input type="checkbox"/> Accessory Building <input type="checkbox"/> Addition <input type="checkbox"/> Replacement <input type="checkbox"/> Manufactured/RTM Home <input type="checkbox"/> Other: _____ Type of Gas: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane		Outlet Information: _____ Furnace      _____ Water Heater _____ Fireplace      _____ Dryer _____ Boiler      _____ Unit Heater _____ BBQ      _____ Range _____ Secondary Lines      _____ Other Outlets _____ Total No. of Outlets BTU Input: _____		Gas Supplier:  Propane Tank Sets: <input type="checkbox"/> New <input type="checkbox"/> Existing No. of Tank Sets: _____ Tank Size: _____ Serial Number(s): _____
Description of Work: _____						

**PLEASE CONTACT  
SUPERIOR  
SAFETY CODES  
FOR  
INSPECTIONS,  
MINIMUM TWO  
WORKING DAYS  
NOTICE.**

OFFICE USE ONLY	
Permit Fee:	Permit Issuers Name:
SCC Levy (\$4.50 or 4%): <i>whichever is greater, max. \$560</i>	Permit Issuers Signature:
Total:	Designation No.:
<input type="checkbox"/> DB <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> CHQ <input type="checkbox"/> CSH <input type="checkbox"/> ONLINE   Receipt No.:	Permit Issue Date: