



**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.**  
 100, 14535-118 Avenue  
 Edmonton, AB T5L 2M7  
 Phone: 780.489.477  
 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:**  New  Existing #Tank Sets: \_\_\_\_\_ Tank Size: \_\_\_\_\_  
 Serial Number(s): \_\_\_\_\_

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