

GAS PERMIT APPLICATION FORM

Permit #: _____

Application Date (M/D/Y)*: _____

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

Permit Type*: Owner Contractor

Cost of Installation (Labor & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. Failure to do so, this permit will expire in 90 days without an extension request. Work is not to commence prior to the issuance of an approved permit.

Owner Name*: _____ **Phone*:** _____

Address*: _____ **Postal Code*:** _____
(STREET) (MUNICIPALITY) (PROV)

Email*: _____ **Fax:** _____

_____ **Cell:** _____

Owner's Signature / Declaration (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 Name*: _____ **Phone*:** _____

Address*: _____ **Postal Code*:** _____
(STREET) (MUNICIPALITY) (PROV)

Email*: _____ **Fax:** _____ **Cell:** _____

_____ **Installer's Number*** _____ **Print Installer's Name*** _____ **Installer's Signature*** _____

Project Location:
Street Address*: _____

Lot: _____ **Block:** _____ **Plan:** _____

TYPE OF OCCUPANCY*	SINGLE FAMILY APPLICATION ONLY* (Number of Outlets)	COMMERCIAL/INDUSTRIAL APPLICATION ONLY*	PROPANE INSTALLATION
<input type="checkbox"/> Residential	Furnace _____	Total BTU _____	No. of Tanks _____
<input type="checkbox"/> Farm/Ranch	Water Heater _____	Name of Gas Supplier _____	Tank Size _____
<input type="checkbox"/> Commercial	Fireplace _____	DESCRIPTION OF WORK FOR ALL GAS PERMITS: _____ _____ _____ _____ _____	Serial # _____
<input type="checkbox"/> Industrial	Dryer _____		<input type="checkbox"/> Vaporizer
<input type="checkbox"/> Gas	Unit Heater _____		<input type="checkbox"/> Refill Centre
<input type="checkbox"/> Institutional	Range _____		<input type="checkbox"/> Service Line from Tank to Building
<input type="checkbox"/> Mobile	Room Heater _____		<input type="checkbox"/> Temporary Heat
<input type="checkbox"/> Manufactured	Boilers _____		
	Conversion _____		
	Replacement Appliance _____		
	No. of Secondary Risers _____		
	Barbeque _____		
	Other _____		

<p>Permit Fee(020): \$ _____</p> <p>As Built Fee(020): \$ _____</p> <p>+ SCC Levy**(53) \$ _____</p> <p>Total Cost: \$ _____ Receipt #: _____ (*\$4.50 or 4% of the permit fee maximum \$560.00)</p>	<p>Issuing Officer's Name: _____</p> <p>Issuing Officer's Signature: _____</p> <p>Designation Number: _____</p> <p>Permit Issue Date: _____</p>
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PLEASE CONTACT MORINVILLE (780.939.4361) FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

ROUGH-IN & FINAL INSPECTIONS ARE REQUIRED. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO CALL FOR THE APPROPRIATE INSPECTIONS.

The personal information provided as part of this application is collected under Section 43 of the Safety Codes Act and Sections 295 and 303 of the Municipal Government Act and in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP). The FOIP Act regulates the collection and disclosure of personal information. The privacy of personal information requested in this form is protected by the FOIP Act and is collected for the sole use of the Town of Morinville.

***-REQUIRED FIELDS. APPLICATIONS MAY NOT BE ACCEPTED FOR PROCESSING WITHOUT REQUIRED INFORMATION.**