

Gas Permit Application

Permit Label

 Other Required Permits: 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: _____	Email Address: _____ Fax: _____

Contractor: _____	Mailing Address: _____
City: _____	Prov.: _____ Postal Code: _____ Phone: _____
Cell Number: _____	Email Address: _____ Fax: _____

Project Location: Name of Municipality: TOWN OF THREE HILLS
 Street Address: _____ Subdivision: _____
 Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas
Type of Work: New Renovation Addition Accessory Building Manufactured Home Temp Heat Replacement
Description of Work: _____

Type of Gas: Natural Gas 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: New 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. The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Town of Three Hills at 403.443.5822..

Journeyman's Name (Please print) _____	Journeyman's Signature _____	Homeowner's Signature (Homeowner permits only) _____
Journeyman's Certification Number: _____	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: \$** _____
 *SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560
 Payment Method: Visa M/C Debit Cheque Cash Authorization / Cheque Number _____
 Credit Card #: _____ CVV: _____ Expiry Date: _____ Date of Authorization: _____
 Name of Cardholder: _____ Signature of Cardholder: _____

Permit Expiry Date: _____ **Inspecting SCO:** _____
 Permit Conditions: **Call for inspection at the stage(s) indicated:**
 Rough-in before covering Final before occupancy