



Gas Permit Application

The personal information 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 of the Freedom of Information and Protection of Privacy Act. The information collected will be used for issuing permits, safety codes compliance /verification, and monitoring and property assessment purposes. If you have any questions about the collection of information please contact the FOIPP Coordinator at 403-443-5822.

Permit Number: _____

Date Received: _____

Owner Information

Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Fax: _____ Email: _____

Contractor Information

Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Contractor Name: _____ Fax: _____ Email: _____

Project Location

Street Address: _____ Tax Roll No: _____
 Lot: _____ Block: _____ Plan: _____ Legal: _____ Section: _____ Township: _____ Range: _____ W4

Description of work: _____

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF OUTLETS
Commercial Industrial Residential Multi-Family Institutional Other: _____	New Propane Tank Sets: Addition New Existing RTM Tank Size: _____ Garage Serial #: _____ Shop Replacement Temp. Heat Other: _____ Natural Gas Propane	Furnaces: _____ Boilers: _____ Water Heaters: _____ Secondary Gas Lines: _____ Wall Heater s: _____ Other: _____ Unit Heaters: _____ Total # of Outlets: _____ Infra-Red: _____ Total BTU's: _____ Fireplaces: _____ BBQ's: _____ Ranges: _____ Cooking Appliance: _____ Risers: _____ Dryers: _____

Permit Applicant's Name (print) _____

Permit Applicant's Signature _____

Homeowner's Signature (homeowner permit only) **Homeowner**
Declarations: By signing this I hereby certify that I own/will own and occupy this dwelling.

Date _____

Certification Number _____

FOR OFFICE USE ONLY

Permit Fee: \$ _____	Issuing Officer's Name: _____
Admin Fee: \$ _____	Issuing Officer's Signature: _____
SCC Levy: \$ _____	Designation No.: _____
Total Fee \$ _____	Permit Issue Date _____

Special Conditions: _____



Please contact Park Enterprises Ltd.
 for inspections & inquiries
 Phone: 1-800-621-5440
 Email: scheduling@parkinspections.com

Inspection Required: Rough In Final