

GAS PERMIT APPLICATION

Application Date: _____ Application # _____

Est. Completion Date: _____ Development Permit # _____

Cost of Installation: _____ Applicant Type: Owner Contractor
(Labour + Material)

Required Inspections: Rough-in Final **PLEASE CONTACT SUPERIOR SAFETY CODES INC. FOR INSPECTIONS, ALLOWING TWO WORKING DAYS NOTICE.**

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 of permit issuance.

Owner's Name: _____

Mailing Address: _____
Unit/ PO Box # Street Municipality Postal Code

Email Address: _____ Phone Number: _____

Owner's Signature / Declaration for Homeowner Permits: _____

"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's Name: _____ Phone Number: _____

Address: _____
Unit/ PO Box # Street Municipality Postal Code

Email Address: _____ Installer's Number: _____

Installer's Name: _____ Installer's Signature: _____

.....
Project Location: _____

Street Address
Legal Subdivision: Part of: _____ Section: _____ Township: _____

Range: _____ West of: _____ Subdivision Name: _____

Lot: _____ Block: _____ Plan: _____

Directions: _____

**Superior Safety
Codes Inc.**

T 780.489.4777 F 780.489.4711
100, 14535-118 Ave., Edmonton, AB T5L 2M7
Superiorsafetycodes.com



T 780.985.3604 F 780.985.3039
PO Box 750 Calmar, AB T0C 0V0
Calmar.ca

TYPE OF OCCUPANCY

- Residential
- Farm/Ranch
- Commercial
- Industrial
- Oilfield/Gas
- Institutional
- Mobile
- Manufactured

SINGLE FAMILY APPLICATION ONLY

- (Number of outlets)
- ___ Furnace
- ___ Water Heater
- ___ Fireplace
- ___ Dryer
- ___ Unit Heater
- ___ Range
- ___ Room Heater
- ___ Boilers
- ___ Conversion
- ___ Replacement Appliance
- ___ # Secondary Risers
- ___ Barbeque
- ___ Other

COMMERCIAL/INDUSTRIAL APPLICATION ONLY

- Total BTU: _____
- Name of gas supplier: _____
- Description of work: _____
- Vaporizer
- Refill Centre # of Cylinders
- Service Line from Tank to Building
- Temporary Heat

PROPANE INSTALLATION

- ___ No. of Tanks:
- ___ Tank Size:
- ___ Serial #:

AUTHORIZATION

Issuer's Name: _____ Designation #: _____

Issuer's Signature: _____ Issued Date: _____

Permit Fee: _____

+ SCC Levy _____

\$4.50 or 4% of the permit fee (whichever is greater)
maximum \$560.00

Total: _____

Type of Payment

Cash MC

Cheque Debit

Visa

Receipt #: _____

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