



Gas Permit Application

Permit Label

Town of Sundre
P.O. Box 420
Sundre, AB T0M 1X0
Phone: 403-638-3551 Fax: 403-638-2100

Other Permits to be Obtained: Building Electrical Plumbing PSDS

Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

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

Owner Name: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____
 Alt Phone: _____ Email Address: _____ Fax: _____

Contractor: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____
 Alt Phone: _____ Email Address: _____ Fax: _____

TOWN OF SUNDRÉ Street Address: _____
 Lot: _____ Block: _____ Plan: _____ Subdivision Name: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Tax Roll #: _____
 Directions: _____

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

Gas: Natural Gas Propane Gas Supplier Name: _____
 # Furnaces: _____ # Water Heaters (on demand ___ Yes ___ No): _____ # Fireplaces: _____ # Dryers: _____ # Boilers: _____
 # Radiant Heaters: _____ # BBQ's: _____ # Secondary Gas Lines: _____ # Ranges _____ # Other Outlets: _____
Total # of Outlets: _____ **Total BTU's:** _____ **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 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 and Protection of Privacy Act.

Journeyman's Name (Please print) _____ Journeyman's Signature _____ Homeowner's Signature (Homeowner permits only) _____
 Journeyman's Certification Number _____

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 #: _____ Expiry Date: _____ Date of Authorization: _____
 Name of Cardholder: _____ Signature of Cardholder: _____

Permit Validation Section to be completed by Permit Issuer:

Special Conditions: _____

Permit Issuer's Name (print or type) _____ Permit Issuer's Signature _____
 Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____

INSPECTION REQUESTS please contact Superior Safety Codes at: Ph. 403-717-2344 or 1-888-717-2344 Fax 403-717-2340 or 1-888-717-2340
Allow 48 hours notice for inspection