

Bag 1006
Bonnyville, AB T9N 2J7
Ph: 780-826-3496 Fax: 780-826-4806

Inspector: **ANDY KOZAKEVICH**
Inspections #: 780-201-2462
Please call 48hrs prior to required inspection

Town of Bonnyville

Gas Permit Application Form

Gas Permit

Label

Application Date (Y/M/D): _____ Tax Roll Number: _____

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

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. Section 25(1) of the Permit Regulations AR 204/2007 of the Safety Codes Act RSA 2000, Chapter S-1 states: "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 days from the date of issue of the permit, (b) is suspended or abandoned for a period of 120 days." Please note that an extension may be considered when applied for in writing prior to a permit expiry dated. The personal information provided as part of this application is collected under the authority of the Safety Codes Act, Municipal Government Act and the Freedom of Information and Protection of Privacy Act.

Owner Name: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____ Phone: _____

Cell Phone: _____ Email: _____

Owner's Signature/Declaration (Single Family Residential Only)

"I hereby declare I am the Owner and reside in the Single Family residential dwelling in which the work will be conducted and assume responsibility for compliance with the applicable Act, Codes and Regulations"

Applicant Name: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____ Phone: _____

Cell Phone: _____ Email: _____

Contractor Name: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

Contractor's Certification Number _____ Installer's Name _____ Installer's Signature _____

Project Location:

Municipal Address: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of _____

Lot: _____ Block: _____ Plan: _____

Description of Work: _____

**** Temporary means a use that is permitted to exist for a maximum of six (6) months ****

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"/> Commercial	Water Heater: _____	Name of Gas Supplier: _____	Tank Size: _____
<input type="checkbox"/> Industrial	Fireplace: _____	Temporary Heat by BTU Load: _____	Serial # _____
<input type="checkbox"/> Institutional	Dryer: _____	DESCRIPTION OF WORK:	<input type="checkbox"/> Vaporizer
<input type="checkbox"/> Mobile	Unit Heater: _____	_____	<input type="checkbox"/> Refill Centre # of Cylinders
<input type="checkbox"/> Manufactured	Range: _____	_____	<input type="checkbox"/> Service Line from Tanks to Building
	Room Heater: _____		
	Boilers: _____		
	Conversion: _____		
	Replacement Appliance: _____		
	# Secondary Risers: _____		
	Barbeque: _____		
	Temporary Heat: _____		
	Other: _____		
	TOTAL FIXTURES _____		

Type of Payment: Cash Cheque Interact Invoice

TOTAL Permit Fee: \$ _____

Safety Codes Council Levy \$ _____

Administration Fee: \$ _____

TOTAL PAYMENT DUE: \$ _____

AUTHORIZATION

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Issued Date: _____