



Palliser Regional Municipal Services Phone 800-407-8361
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 Drumheller, AB T0J 0Y4 E-mail
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Gas Permit Application

Permit Label

Applications also required for: 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:** _____

Project Location:
Municipality: _____ **Street Address:** _____
Unit #: _____ **Lot:** _____ **Block:** _____ **Plan:** _____ **Subdivision or Hamlet:** _____
Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____ Tax Roll #: _____
Directions: _____

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 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 _____ **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 #: _____ **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):** _____



FOR INSPECTIONS CALL
1-888-717-2344

NOT SURE WHEN TO CALL FOR
INSPECTION ASK FOR
WHEN TO CALL FOR INSPECTION