

1005 Ross Street | PO Box 500, Crossfield TOM 0S0 Phone: 403-946-5565 | www.crossfieldalberta.com



Number:_

Received:_

Tax Roll No.: _

GAS PERMIT APPLICATION FORM								
evelopment Permit No.: Estimated Project Completion Date (mm/dd/yyyy):								
Permit Applicant: D Owner D C	U Work has no	G Work has not started □ Work is in progress □ Work is complete						
Owner / Applicant:			Mailing Add	ress:				
City:		Province:	Postal Code):	Phone	:		
Cell:	Email:					Fax:		
Contractor:			_Mailing Add	ress:				
City:		Province:	Postal Code):	Phone	:		
Contractor Name:	Cell:		Email:			Fax:		
Project Location: Municipality:Town of CrossfieldSubdivision Name: Street/Rural Address:Postal Code:								
Lot: Block:								
					'	0		
Directions:								
TYPE OF OCCUPANCY	TYPE OF	F WORK			NUMBER	OF OUTLETS		
 Single Residential Farm/Ranch Other: 	 New Renovatio Single Family Dwellir Manufactured/Mobile Service Reconnection Accessory Building Temporary Heat: Project Total BTU (excludi 	ng Home n un	Water Heaters:					
	□ Other:							
FOIPP Notification: The personal information required by the Town of Raymond application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Town of Crossfield at 403-946-5565 or 1005 Ross Street, PO Box 500.								
Journeyman's Name (print)	Journeyman's Signature				Homeowner 's Signature (homeowner permit only)			
Journeyman's Certification No.:								

Office Use Only						
Permit Fee: \$	SCC Levy:	Issuing Officer's Name:				
Total Cost: \$	(\$4.50 or 4% of the permit fee maximum \$560.00)	Issuing Officer's Signature:				
	Receipt No.:	Designation No.:				
🗆 Cash 🗆 Debit 🗖 Cheque	Invoiced	Permit Issue Date (mm/dd/yyyy):				
Credit Card Number:	Expiry Date:	CVC:				

Contact Park Enterprises Ltd. for inspections & inquiries.

Phone: 1-800-621-5440 | Email: contact@parkinspections.com | www.parkinspections.com