

Town of Crossfield
1005 Ross Street, P.O. Box 500
Crossfield, Alberta T0M 0S0
Ph: 403-946-5565 Fax: 403-946-4523

Gas Permit Application

Permit Label

Other Permits Required: 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 CROSSFIELD Street Address: _____
Lot: _____ Block: _____ Plan: _____ Subdivision _____
Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ 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: _____

Gas: Natural Gas Propane Gas Supplier Name: _____
Furnaces: _____ # Water Heaters: _____ # Fireplaces: _____ # Dryers: _____ # Boilers: _____ # Radiant Heaters: _____
BBQ's: _____ # Secondary Risers: _____ # Ranges _____ # Other Outlets: _____ Total BTU's (Non-Residential): _____
Total # of Outlets: _____ **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:** \$ _____
Effective April 1, 2010 SCC Levy will increase to 4% with a minimum of \$4.50 and a maximum of \$560
Payment Method: Visa M/C Debit Cheque Cash Credit Card #: _____
CVC #: _____ 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): _____