



INSPECTION SERVICES FOR THE CITY AND  
CAMROSE COUNTY

PERMIT NO. \_\_\_\_\_

**GAS PERMIT**

Date: \_\_\_\_\_ Municipality \_\_\_\_\_ Roll # \_\_\_\_\_ Zone \_\_\_\_\_

Permit Applicant:  Owner  Contractor

**Owner Name** \_\_\_\_\_ **Mailing Address** \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

**Contractor/Firm Name** \_\_\_\_\_ **Mailing Address** \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

**Project Location** Street/Rural Address \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ W4

INSTALLATION DETAILS

TYPE OF OCCUPANCY	INSTALLATION TYPE	NUMBER OF OUTLETS
<input type="checkbox"/> Single Residential <input type="checkbox"/> Multi-Family <input type="checkbox"/> Shop <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Offsite Manufactured Home <input type="checkbox"/> Accessory Building <input type="checkbox"/> Other: _____	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Appliance Replacement <input type="checkbox"/> Service Reconnection <input type="checkbox"/> Grain Dryer <input type="checkbox"/> Refill Centre <input type="checkbox"/> Tank Set                    Tank Size _____  Temporary Heat                    _____ units Total Footprint                    _____ ft <sup>2</sup> Project Total BTU (excluding residential) _____	Furnace _____ Water Heater _____ Boiler _____ Comb. HWH/Boiler _____ Fireplace _____ Dryer _____ Range _____ Space/Unit Heater _____ BBQ _____ Secondary Gas Line _____ Other _____ <b>Total Outlets</b> _____

**FOIPP Notification:** The personal information required by the City of Camrose 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 a municipality or made available to the public as required or allowed by legislation. Personal information may also be used by the City of Camrose to conduct ongoing evaluations of the services provided by its service providers to permit applications, permit holders and owners. Please direct any questions about this application to the City of Camrose FOIPP Coordinator at 780.672.4426.

Journeyman's Name (Print) \_\_\_\_\_ Journeyman's Signature \_\_\_\_\_

Journeyman's Certification Number: \_\_\_\_\_

Homeowner Signature (**homeowner permit only**) \_\_\_\_\_

By signing this application I hereby certify that I own or will own and occupy this dwelling.

Office Use Only		
Permit Fee	SCC Levy (\$4.50 or 4% of permit fee, max \$560.00)	Issuer's Name
Travel Fee (Includes GST)	Total Cost	Issuer's Signature
Credit Card No.:	Receipt No.	Designation Number
	Expiry:	Permit Issue Date

Permit expires two years after Permit Issue Date unless, prior to expiry date, an extension is applied for and accepted at the Discretion of the Safety Codes Officer.