INSPECTION SERVICES FOR THE CITY AND CAMROSE COUNTY

PERMIT NO.

HVAC 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
☐ Single Residential ☐ Multi-Family ☐ Shop ☐ Commercial ☐ Industrial ☐ Institutional ☐ Offsite Manufactured Home ☐ Accessory Building	☐ Natural Gas ☐ Propane ☐ New ☐ Renovation ☐ Addition ☐ Appliance Replacement Total BTU (excluding residential) _____	Furnace _____ Water Heater _____ Boiler _____ Fireplace _____ Space Heater _____ Solid Fuel-Burning _____ Other: _____ _____ **Total Outlets** _____

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 Homeowner Signature **(homeowner permit only)**

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

Journeyman's Certification Number: _____

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.

City of Camrose 5204 – 50 AVENUE, Camrose AB T4V 0S8 PHONE 780.672.4428 FAX 780.672.6316 EMAIL permits@camrose.ca