



Wheatland County
 242006 Range Road 243
 WHEATLAND COUNTY, AB T1P 2C4
 Phone: (403) 361-2010
 Fax: (403) 934-4889
 www.wheatlandcounty.ca
 safetycodes@wheatlandcounty.ca



GAS PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY

Permit Number: _____

Development Permit Number: _____

Tax Roll: _____

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: Homeowner Contractor

Cost of Installation (Labour & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

Owner Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

Owner's Signature / Declaration (Single Family Residential Only)

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Company Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

Installer's Number _____ Print Installer's Name _____ Installer's Signature _____

Project Location in the Wheatland County:

Street Address: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

Directions: _____

TYPE OF OCCUPANCY: <input type="checkbox"/> Residential <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Oilfield/Gas <input type="checkbox"/> Institutional <input type="checkbox"/> Mobile <input type="checkbox"/> Manufactured	NUMBER OF OUTLETS: Furnace _____ Water Heater _____ Fireplace _____ Dryer _____ Unit Heater _____ Range _____ Room Heater _____ Boilers _____ Conversion _____ Replacement Appliance _____ Secondary Risers _____ Barbeque _____ Other _____	COMMERCIAL/INDUSTRIAL APPLICATION ONLY: Total BTU _____ Name of Gas Supplier _____ _____	PROPANE INSTALLATION: No. of Tanks _____ Tank Size _____ Serial # _____ <input type="checkbox"/> Vaporizer <input type="checkbox"/> Refill Centre <input type="checkbox"/> Service Line from Tank to Building <input type="checkbox"/> Temporary Heat <input type="checkbox"/> Annual Permit
		DESCRIPTION OF WORK FOR ALL GAS PERMITS: _____ _____ _____ _____	

Permit Fee: \$ _____
 + SCC Levy*: \$ _____
 Total Cost: \$ _____ Receipt #: _____

The Inspections Group Inc.
 2825 18 Avenue N
 LETHBRIDGE, AB T1H 6T5
 Phone: 587-787-4143 Toll Free: 1-888-852-3558
 Fax: 587-787-4142 Toll Free: 1-888-852-3557
 south@inspectionsgroup.com

*\$4.50 or 4% of the permit fee maximum \$560.00

PLEASE REMIT PAYMENT AND APPLICATION TO WHEATLAND COUNTRY

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.