



# Gas Permit Application

Permit Label

Town of Sundre  
P.O. Box 420  
Sundre, AB T0M 1X0  
Phone: 403-638-3551 Fax: 403-638-2100

Other Permits to be Obtained:  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 SUNDRÉ** Street Address: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rg: \_\_\_\_\_ W of: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
 Directions: \_\_\_\_\_

**Project Information:**  Commercial  Residential  Multi Family  Industrial  Institutional  
**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 (on demand \_\_\_ Yes \_\_\_ No): \_\_\_\_\_ # Fireplaces: \_\_\_\_\_ # Dryers: \_\_\_\_\_ # Boilers: \_\_\_\_\_  
 # Radiant Heaters: \_\_\_\_\_ # BBQ's: \_\_\_\_\_ # Secondary Gas Lines: \_\_\_\_\_ # Ranges \_\_\_\_\_ # Other Outlets: \_\_\_\_\_  
**Total # of Outlets:** \_\_\_\_\_ **Total BTU's:** \_\_\_\_\_ **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 personal information being collected under the authority of the Municipal Government Act Section 3, and will be used in the processing of this application. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act, Section 33. If you have any questions about the collection of or use of this personal information, please contact the FOIP Coordinator, 717 Main Avenue West, Box 420 Sundre, AB T0M 1X0 or at 403-638-3551.

\_\_\_\_\_  
 Journeyman's Name (Please print) Journeyman's Signature Homeowner's Signature (Homeowner permits only)  
 Journeyman's Certification Number \_\_\_\_\_

**Permit Fee:** \$ \_\_\_\_\_ **\*SCC Levy:** \$ \_\_\_\_\_ **TOTAL FEE:** \$ \_\_\_\_\_ \*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560  
 Payment Method:  Visa  M/C  Debit  Cheque  Cash Authorization / Cheque Number \_\_\_\_\_  
 Credit Card #: \_\_\_\_\_ 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): \_\_\_\_\_