



Town of Stony Plain

4905 – 51 Avenue
Stony Plain, AB T7Z 1Y1
Phone: (780) 963-8598
Fax: (780) 963-0935
planning@stonyplain.com

For Inspections Contact

The Inspections Group Inc.
Phone: (780) 454 5048 / (866) 554 5048
Fax: (780) 454 5222 / (866) 454 5222
www.inspectionsgroup.com

GAS PERMIT APPLICATION FORM

Building Permit: _____

Gas Permit #: _____

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: Owner 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.

LAND OWNER / TENANT

Owner Name: _____ Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
Cell: _____ Email: _____

Signature / Declaration (Single Family Residential Only)

"I hereby declare I have care and control 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"

CONTRACTOR - Stony Plain Business Licence Yes No Licence # _____ Expiry Date: _____

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 Town of Stony Plain:

Street Address: _____ Tax Roll #: _____
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 _____ Total # of Outlets _____	COMMERCIAL / INDUSTRIAL APPLICATION ONLY: Total BTU _____ Name of Gas Supplier _____	PROPANE INSTALLATION: No. of Tanks _____ Tank Size _____ Serial # _____
		DESCRIPTION OF WORK FOR ALL GAS PERMITS: _____ _____ _____ _____	

*Additional inspections will be charged at \$75/ Inspection (plus Levy)

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

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

Payment Type: Visa M/C Debit Cheque Cash Authorization / Receipt #: _____

Credit Card #: _____ Expiry Date: _____ Date of Authorization: _____

Name of Cardholder: _____ CVC#: _____ Signature of Cardholder: _____

PRIVACY DISCLOSURE

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, use or disclosure of the personal information provided, please contact the FOIP Coordinator at 780-963-2151.