



PERMIT LABEL

CONTRACTOR GAS PERMIT APPLICATION

DATE OF APPLICATION: _____ DEVELOPMENT PERMIT: _____ ESITE#: _____

OWNER INFORMATION	
Owner Name: _____	Phone: _____
Mailing Address: _____	Fax: _____
City & Postal Code: _____	Cell: _____
	E-mail: _____
APPLICANT/CONTRACTOR INFORMATION	
Contractor Name: _____	Phone: _____
Mailing Address: _____	Fax: _____
City & Postal Code: _____	Cell: _____
Journeyman Class & Number: _____	E-mail: _____
PROPERTY LOCATION	
MUNICIPALITY: TOWN OF VULCAN	CIVIC ADDRESS: _____
Legal Description: Lot/Unit _____ Block _____ Plan _____	
Subdivision Name: _____ Part of ___ 1/4Sec ___ TWP ___ RG ___ W ___ Mer ___	
Brief Directions: _____	Tax Roll #: _____
PROJECT INFORMATION	
ESTIMATED START DAE: _____ ESTIMATED COMPLETION DATE: _____	
Type of Work: <input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Temporary <input type="checkbox"/> Other (Specify): _____	
Intended Use: <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential Basement Development	
<input type="checkbox"/> Garage or Small Accessory Building <input type="checkbox"/> Other (Specify): _____	
Resource Used: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other (Specify): _____	
Please Mark Number of Outlets:	
Furnaces: _____	Boilers: _____
Water Heaters: _____	Roof Top Units: _____
Fireplaces: _____	Space Heaters: _____
	Tank Sets: _____
	Secondary Gas Line: _____
	Unit Heaters: _____
	Other Outlets (Please specify): _____
TOTAL NUMBER OF OUTLETS: _____	COMMERCIAL BTU's: _____
DESCRIPTION OF WORK: _____	
The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Act and Regulations and will commence within 90 days	
APPLICANT NAME (PRINT) _____	SIGNATURE: _____
FOR OFFICE USE ONLY:	
(SSCI \$ _____ Town \$ _____) = Permit Fee \$ _____ + SCC Levy \$ _____ = TOTAL FEE \$ _____	

Submit permit applications to The Town of Vulcan
 321-2nd Street South – Box 360 – Vulcan AB T0L 2B0 – Phone 403-485-2417/Fax 403-485-2914/email admin@townofvulcan.ca – www.townofvulcan.ca
 For inspections, please contact Superior Safety Codes at
 #25, 2015 – 32 Avenue N.E. Calgary, AB T2E 6Z3 – Phone 1-888-717-2344/Fax 1-888-717-2340
www.Superior.safety.codes.com

The personal information provided as part of this application is collected under section 43 of the Safety Codes Act and sections 303 and 295 of the Municipal Government Act and in accordance with section 32(c) of 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 Town of Vulcan at (403)485-2417