



ESITE #: 333333 \_\_\_\_\_

**CONTRACTOR GAS PERMIT APPLICATION**

Application Date: \_\_\_\_\_ Development Permit # \_\_\_\_\_

Property Owner Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Gas Contractor (Applicant): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Journeyman Class & # \_\_\_\_\_ Name (Printed): \_\_\_\_\_  
 Signature: \_\_\_\_\_

**PROJECT LOCATION:**

Municipal Address: \_\_\_\_\_  
 Legal Address: Lot/Unit \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_  
 Subdivision Name (if applicable) \_\_\_\_\_ Tax Roll # \_\_\_\_\_  
 Directions/Comments: \_\_\_\_\_

**PROJECT INFORMATION:**

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

TYPE OF OCCUPANCY	TYPE OF WORK	DESCRIPTION OF WORK
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Garage/Small Accessory bldg. <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Temporary <input type="checkbox"/> Other: _____ _____	<b>Resource Used:</b> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other(Specify): _____  <b># of Outlets (Please Mark)</b> Furnaces: _____ Boilers: _____ Water Heaters: _____ Dryers: _____ BBQ's: _____ Fireplaces: _____ Roof Top Units: _____ Tank Sets: _____ Unit Heaters: _____ Space Heaters: _____ Secondary Gas Line: _____ Other Outlets (Please specify): _____ <b>TOTAL # OF OUTLETS:</b> _____ <b>COMMERCIAL BTU'S:</b> _____

DESCRIPTION OF WORK: \_\_\_\_\_

**The Permit Holder hereby certifies that this installation shall be completed in accordance with Alberta Safety Codes Act and Regulations and shall 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  
 321-2<sup>nd</sup> Street South – Box 360 – Vulcan AB T0L 2B0 – Phone 403-485-2417/Fax 403-485-2914/email [admin@townofvulcan.ca](mailto:admin@townofvulcan.ca) – [www.townofvulcan.ca](http://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.SuperiorSafetyCodes.com](http://www.SuperiorSafetyCodes.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