



# Gas Permit Application

Permit Label

Town of Drumheller  
224 Centre Street  
Drumheller, AB T0J 0Y4  
E-mail: [safetycodes@drumheller.ca](mailto:safetycodes@drumheller.ca)

Phone: 403-823-6300  
Fax: 403-823-7739

Applications also required for:  Building  Electrical  Plumbing  PSDS

Applicant Type  Owner  Contractor

Development Permit Number: \_\_\_\_\_

Application Date (M/D/Y): \_\_\_\_\_

Estimated Completion Date (M/D/Y): \_\_\_\_\_

**Owner:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Contractor:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Project Location:**  
 Street Address: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_  
 Unit or Suite #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ W of: \_\_\_\_\_  
 Directions: \_\_\_\_\_

**Project Information:**  Commercial  Residential  Multi Family  Industrial  Institutional  Oil & Gas  
**Type of Work:**  New  Renovation  Addition  Accessory Building  Manufactured Home  Temp Heat  Replacement  
**Description of Work:** \_\_\_\_\_

**Type of Gas:**  Natural Gas  Propane Name of Gas Supplier: \_\_\_\_\_  
 # Furnaces: \_\_\_\_\_ # Water Heaters: \_\_\_\_\_ # Fireplaces: \_\_\_\_\_ # Dryers: \_\_\_\_\_ # Boilers: \_\_\_\_\_ # Unit Heaters: \_\_\_\_\_  
 # BBQ's: \_\_\_\_\_ # Ranges: \_\_\_\_\_ # Other Outlets: \_\_\_\_\_ # Secondary Gas Lines: \_\_\_\_\_ **Total # of Outlets:** \_\_\_\_\_  
 BTU Input (Non-residential): \_\_\_\_\_ **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 permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

Journeyman's Name (Please print) \_\_\_\_\_ Journeyman's Signature \_\_\_\_\_ Homeowner's Signature (Homeowner permits only) \_\_\_\_\_  
 Journeyman's Certification Number \_\_\_\_\_ **Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.**

**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  
 Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Cheque Number \_\_\_\_\_  
 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): \_\_\_\_\_



INSPECTION REQUESTS please contact Superior Safety Codes at:  
Ph. 403.717.2344 or 1-888.717.2344  
Allow 48 hours notice for inspection