



Town of Strathmore  
Permit Number

### TOWN OF STRATHMORE 2017 GAS PERMIT APPLICATION

Date of Application: _____		Estimated Start Date: _____	
Development Permit Number: _____		Est. Completion Date: _____	
Owners Name: _____		Phone Number: _____	
Mailing Address: _____		Fax Number: _____	
City/Town: _____ Prov. _____		Postal Code: _____	
<b>Email:</b> _____ <i>(please print clearly)</i>			
Contractor Name: _____		Phone Number: _____	
Mailing Address: _____		Fax Number: _____	
City/Town _____ Prov. _____		Postal Code: _____	
Journeyman Class & Number: _____		<b>Journeyman's Signature:</b> _____	
<b>Email:</b> _____ <i>(please print clearly)</i>			
Municipality: Town of Strathmore		Civic Address: _____	
Lot: _____ Block: _____ Plan: _____			
Part of: _____ ¼ SEC _____ TWP _____ RG _____ W _____ Mer			
Brief Directions: _____			
Project Information: <i>please be sure to check one of each</i>			
Type of Work: <input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Alteration <input type="checkbox"/> Other (Specify) _____			
Intended Use: <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Basement Development <input type="checkbox"/> Garage or Accessory Building (shed) <input type="checkbox"/> Other (Specify) _____			
Resource Used: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Other (Specify): _____			
Gas: <i>(Please mark number outlets)</i>			
Furnaces: _____	Unit Heaters: _____	Barbeques: _____	Roof Top Units: _____
Water Heaters: _____	Boilers: _____	Space Heaters: _____	Tank Sets: _____
Fireplaces: _____	Dryers: _____	Other Outlets: _____	Specify: _____
<b>Total Number of Outlets:</b> _____		Commercial BTU's _____	
<p><small>*The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The Permit will expire in 1 year unless otherwise noted.. Owner's signature/declaration (homeowner permits only) "I hereby declare I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and assume responsibility for compliance with the applicable Acts and Regulations."</small></p> <p><small>**The Permit Applicant acknowledges that No Refunds will be issued after Permit Issuance or the Plan Review process has been initiated.</small></p> <p><small>***The Permit Applicant acknowledges that No Refunds will be issued for Permit Applications that have been pending in excess of 90 days due to lack of information or payment.</small></p>			
Applicant Name: _____		Applicant's Signature: _____	
Mailing Address: _____		Phone Number: _____	
_____ Postal Code: _____		Fax Number: _____	
Permit Fee: _____ Other Fee: _____		SCC Levy: _____ Total Fee: _____	
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> Master Card			
<b>Permit Validation Section (to be completed by Permit Issuer)</b>			
Date of Issue: _____		<b>Credit Card Payment Section (please print clearly)</b>	
<b>Issuing Officer's Information:</b>		Name of Card Holder: _____	
Name: _____		Card Number: _____	
Designation No. : _____		Expiry Date: _____	
Signature: _____		<i>(credit card info will be deleted before forwarding this form outside of this office)</i>	