



## TOWN OF STRATHMORE GAS PERMIT APPLICATION

Town of Strathmore  
Permit Number

|  |                     |                                 |                       |
|--|---------------------|---------------------------------|-----------------------|
| Date of Application: _____   |                     | Estimated Start Date: _____     |                       |
| Development Permit Number: _____   |                     | Est. Completion Date: _____     |                       |
| Accredited Municipality: Town of Strathmore  |                     | Civic Address: _____            |                       |
| Lot: _____ Block: _____ Plan: _____  |                     |                                 |                       |
| Part of: _____ ¼ SEC _____ TWP _____   |                     | RG _____ W _____ Meridian _____ |                       |
| <b>Owner's Name:</b> _____   |                     | Phone Number: _____             |                       |
| Mailing Address: _____   |                     | Fax number: _____               |                       |
| City/Town: _____ Prov. _____   |                     | Postal Code: _____              |                       |
| Email: _____   |                     | Home Owner's signature _____    |                       |
| <small>Home 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>  |                     |                                 |                       |
| <b>Contractor's Name:</b> _____  |                     | Phone Number: _____             |                       |
| Mailing Address: _____   |                     | Fax Number: _____               |                       |
| City/Town _____ Prov. _____  |                     | Postal Code: _____              |                       |
| Journeyman Class and Number: _____   |                     | Journeyman's Signature: _____   |                       |
| Email: _____   |                     |                                 |                       |
| <b>Applicant's Name:</b> _____   |                     | Applicant's Signature: _____    |                       |
| Mailing Address: _____   |                     | Phone Number: _____             |                       |
| City/Town: _____   |                     | Fax Number: _____               |                       |
| Prov. _____ Postal Code: _____   |                     | Email: _____                    |                       |
| <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.<br/>         **The Permit Applicant acknowledges that No Refunds will be issued after Permit Issuance, the Plan Review process has been initiated, or for Permit Applications that have been pending in excess of 90 days due to lack of information or payment.</small> |                     |                                 |                       |
| <b>Project Information: <i>please check one box from each of the lines below:</i></b>  |                     |                                 |                       |
| <b>Type of Work:</b> <input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Alteration <input type="checkbox"/> Other (Specify) _____  |                     |                                 |                       |
| <b>Intended Use:</b> <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Basement Development<br><input type="checkbox"/> Garage or Accessory Building (shed) <input type="checkbox"/> Other (Specify) _____  |                     |                                 |                       |
| <b>Resource Used:</b> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> 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> _____  |                     | <b>Commercial BTU's</b> _____   |                       |
| 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>Credit Card Payment Information:</b>  |                     |                                 |                       |
| Name of Card Holder _____  |                     | Card Number: _____              |                       |
| Expiry Date _____  |                     | CVC Number _____                |                       |
| <small>(credit card information will not be forwarded outside of the Municipal Office)</small>   |                     |                                 |                       |
| <b>Permit Validation Section and Permit Issuer's Information (to be completed by Permit Issuer)</b>  |                     |                                 |                       |
| Date of Issue: _____   |                     | Name: _____                     |                       |
| Designation No: _____  |                     | Signature: _____                |                       |

Protection of Privacy – The personal information requested on this form is collected under the authority of the [Safety Codes Act](#), the [Municipal Government Act](#) and Section 33 (c) of the [Alberta Freedom of Information and Protection of Privacy Act](#). It will be used for the purpose of 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 public information and will be released to the public upon request. Direct any questions about this collection to the Town of Strathmore FOIP Coordinator at 403-934-3133, weekdays.