



GAS PERMIT APPLICATION
 Town of Strathmore
 1 Parklane Drive, Box 2280
 Strathmore, AB T1P 1K2
 development@strathmore.ca

Town of Strathmore
 Permit Label

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			
Owner's Name: _____		Phone Number: _____	
Mailing Address: _____		Fax number: _____	
City/Town: _____ Prov. _____		Postal Code: _____	
Email: _____		Home Owner's signature _____	
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.			
Contractor's Name: _____		Phone Number: _____	
Mailing Address: _____		Fax Number: _____	
City/Town _____ Prov. _____		Postal Code: _____	
Journeyman Class and Number: _____		Journeyman's Signature: _____	
Email: _____			
Applicant's Name: _____		Applicant's Signature: _____	
Mailing Address: _____		Phone Number: _____	
City/Town: _____		Fax Number: _____	
Prov. _____ Postal Code: _____		Email: _____	
*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.			
**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.			
Project Information: <i>please check one box from each of the lines below:</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 <input type="checkbox"/> Other (Specify): _____			
Gas: (Please mark number outlets)			
Furnaces: _____	Unit Heaters: _____	Barbeques: _____	Roof Top Units: _____
Water Heaters: _____	Boilers: _____	Space Heaters: _____	Tank Sets: _____
Fireplaces: _____	Dryers: _____	Other Outlets: _____	Specify: _____
Total Number of Outlets: _____		Commercial BTU's _____	
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			
Credit Card Payment Information:			
Name of Card Holder _____		Card Number: _____	
Expiry Date _____		CVC Number _____	
<i>(credit card information will not be forwarded outside of the Municipal Office)</i>			
Permit Validation Section and Permit Issuer's Information (to be completed by Permit Issuer)			
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.