



Red Deer County Centre  
 38106 Range Road 275  
 Red Deer County, AB T4S 2L9  
 403.350.2170  
 www.rdcountry.ca  
 inspections@rdcountry.ca

Permit label

**GAS PERMIT APPLICATION FORM**

Permit Applicant:  Owner  Contractor Application Date (mmm/dd/yyyy): \_\_\_\_\_  
 Other Permits Required (under separate application):  Building  Electrical  Plumbing  PSDS Estimated Project Completion Date (mmm/dd/yyyy): \_\_\_\_\_  
 Development Permit No.: \_\_\_\_\_ New Home Warranty No.(if applicable): \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Company Name:** \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Hamlet/ Subdivision Name: \_\_\_\_\_ Tax Roll No.: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_ Unit: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_ M  
 Directions: \_\_\_\_\_  
 Description of Work: \_\_\_\_\_

Work has not started  Work is in progress  Work is complete

TYPE OF PROJECT	TYPE OF WORK	NUMBER OF OUTLETS	INSTALLATION
<input type="checkbox"/> Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> RTM <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Accessory Building <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Basement Development <input type="checkbox"/> Appliance Replacement <input type="checkbox"/> Refill Centre <input type="checkbox"/> Grain Dryer <input type="checkbox"/> Service Reconnection <input type="checkbox"/> Temporary Heat <input type="checkbox"/> Other: _____	Furnaces: _____ Water Heaters: _____ Fireplaces: _____ Dryers: _____ Boilers: _____ Unit Heaters: _____ BBQ's _____ Ranges: _____ Secondary Gas Lines: _____ Other: _____ Total: _____	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Name of Gas Supplier: _____ No. of Tank Sets: _____ <input type="checkbox"/> New <input type="checkbox"/> Existing Tank Size: _____ Serial No.: _____ Total BTUs: _____ (Commercial only)

**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, Red Deer County 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. **F.O.I.P. Notification:** Personal information is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. Questions regarding the collection of personal information can be directed to the FOIP Coordinator 403.350.2150.

Journeyman's Name (print) \_\_\_\_\_ Journeyman's Signature \_\_\_\_\_ Homeowner's Signature (homeowner permit only) **Homeowner Declaration: By signing this I hereby certify that I own/will own and occupy this dwelling.**  
 Journeyman's Certification No.: \_\_\_\_\_

For Office Use Only		Building Permit No.:
Permit Fee: \$ _____	SCC Levy: \$ _____	Total Cost: \$ _____
SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00		Region: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque	Receipt No.: _____	NAICS: _____
	File No.: _____	Group Classification: _____

**Permit Validation Section to be completed by Permit Issuer:**  
 Special Conditions: \_\_\_\_\_  
 Permit Issuers Name: \_\_\_\_\_ Permit Issuers Signature: \_\_\_\_\_  
 Designation No.: \_\_\_\_\_ Permit Issue Date (mmm/dd/yyyy): \_\_\_\_\_