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## GAS PERMIT APPLICATION

All spaces in the application must be completed, including a signature. Blank spaces or missing documents will result in the application being returned.

Permit Type: ☐ Owner ☐ Contractor

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

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

eSITE Permit No.: \_\_\_\_\_

Development Permit No. (if applicable): \_\_\_\_\_

Building Permit No. (if applicable): \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Homeowner/Owner Permits (Residential Only)**

*Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.*

Contractor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gasfitter Name: \_\_\_\_\_

Journeyman Gasfitter Certification Number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. The personal information provided as part of this application is collected under the authority of the Safety Codes Act and Municipal Government Act and in accordance with Personal information provided pursuant to the provisions sections 11 through 14 of the Protection of Privacy Act (POPA). The information is required and will be used for 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 available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Town at 780.865.6010.

### PROJECT LOCATION: TOWN OF HINTON

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Unit #: \_\_\_\_\_ Street Address: \_\_\_\_\_

Legal Subdivision: Part of: \_\_\_\_\_ ¼ Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ W of 5 M

Subdivision Name: \_\_\_\_\_

Directions: \_\_\_\_\_

**Project Information:** ☐ Commercial ☐ Residential ☐ Multi Family ☐ Industrial ☐ Institutional

**Type of Work:** ☐ New ☐ Renovation ☐ Addition ☐ Accessory Building ☐ Manufactured Home ☐ Temp Heat ☐ Replacement

#### DETAILED 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 Serial Number(s): \_\_\_\_\_

Number of Tank Set(s): \_\_\_\_\_ Tank Size(s): \_\_\_\_\_ **Manifolded Together** ☐ Yes ☐ No

**Work has already started:** ☐ Yes ☐ No

### PERMIT FEE & PAYMENT INFORMATION

Permit Fee: \$ \_\_\_\_\_

\*SCC Levy: \$ \_\_\_\_\_

\* 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

**TOTAL FEE:** \$ \_\_\_\_\_

**Tax Roll Number:** \_\_\_\_\_

Method of Payment: ☐ Visa ☐ M/C ☐ Interac ☐ Cheque ☐ Cash

Receipt #: \_\_\_\_\_

### INSPECTION REQUESTS

Contact Superior Safety Codes at 1.866.999.4777

or Email [info@superiorsafetycodes.com](mailto:info@superiorsafetycodes.com)

or Online <https://secure.superiorsafetycodes.com/requests/verify>

Allow 2 – 5 business days' notice for inspection