



Municipality of Crowsnest Pass

8502 19 Avenue
Coleman, AB
Box 600, Crowsnest Pass, T0K 0E0
Phone: 403-562-8833

reception@crowsnestpass.com

GAS PERMIT APPLICATION FORM

Permit Number: _____

Internal File Number: _____

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: Homeowner Contractor

Cost of Installation (Labour & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

Owner Name: _____ Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
Cell: _____ Email: _____

Owner's Signature / Declaration (Single Family Residential Only)

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Company Name: _____ Mailing Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
Cell: _____ Email: _____

Installer's Number _____

Print Installer's Name _____

Installer's Signature _____

Project Location in the Municipality of Crowsnest Pass:

Street Address: _____
Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
Directions: _____

TYPE OF OCCUPANCY:

- Residential
- Farm/Ranch
- Commercial
- Industrial
- Oilfield/Gas
- Institutional
- Mobile
- Manufactured

NUMBER OF OUTLETS:

- Furnace _____
- Water Heater _____
- Fireplace _____
- Dryer _____
- Unit Heater _____
- Range _____
- Room Heater _____
- Boilers _____
- Conversion _____
- Replacement Appliance _____
- Secondary Risers _____
- Barbeque _____
- Other _____

COMMERCIAL/INDUSTRIAL APPLICATION ONLY:

Total BTU _____
Name of Gas Supplier _____

DESCRIPTION OF WORK FOR ALL GAS PERMITS:

PROPANE INSTALLATION:

No. of Tanks _____
Tank Size _____
Serial # _____

 Vaporizer
 Refill Centre
 Service Line from Tank to Building
 Temporary Heat
 Annual Permit

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

Additional Fee: \$ _____

Total Cost: \$ _____ Receipt #: _____

Office Use Only

Wildland Urban Interface Rating: _____

Tax Roll: _____

Development Permit Number: _____

The Inspections Group Inc.

2825 18 Avenue N
Lethbridge, AB T1H 6T5
Phone: 587-787-4143 Toll Free: 1-888-852-3558
Fax: 587-787-4142 Toll Free: 1-888-852-3557
south@inspectionsgroup.com

*\$4.50 or 4% of the permit fee maximum \$560.00

PLEASE REMIT PAYMENT AND APPLICATION TO MUNICIPALITY OF CROWSNEST PASS

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. 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 Municipality.