



HYDRONIC HEAT SYSTEM SPECIFICATIONS

Date of Application _____

Address of building location where radiant heat system installed:

Street Address _____

Legal Address: _____

Plumbing Permit number _____

Specifications:

Pipe type _____
(must be acceptable for hydronic heating system)

Pipe size _____

Pipe spacing _____

Maximum Loop Length _____

Is The Hydronic Heat System:

_____ a component of the primary heat supply for the building

_____ secondary or comfort heat supply (no change was made to the primary heat supply based on a heat/loss calculation for the building). Submit a sketch showing general location of the zones.

_____ secondary or comfort heat supply and not included in the original construction drawings. A Plumbing Permit application must be submitted.

If the hydronic heat system is part or all of the primary heat supply, provide the following:

- a) heat/loss calculation for each floor
 - _____ BTUH basement
 - _____ BTUH main (first) floor
 - _____ BTUH second floor (only if applicable)

- b) Heat Supply provided by:
 - _____ BTUH from _____
 - _____ BTUH supply provided by hydronic heat system

Total of a) must be equal to or less than total of b).

- c) Complete a drawing showing layout of piping on a separate piece of paper.

_____ System instructions including maintenance and operating instructions left onsite for the owner.

This hydronic heating system has been installed in accordance with the Alberta Building Code & Standata 97-DI-009 and the Canadian Plumbing Code & Standata P/G-03-01a-PLBG/GAS.

Name of installer

Company

FOIP Notification: The personal information you provide on this form is being collected under the authority of Section 640(2) of the *Municipal Government Act* and Section 32(b) and 32(c) of the *Freedom of Information and Protection of Privacy Act* and is protected by the privacy provision of these acts. This information will be used to determine eligibility for a development permit and for enforcement of applicable laws and may be circulated to persons or authorities as necessary for the review process. If you have any questions about the collection of this information please contact the FOIP coordinator, 105 Marina Road, Chestermere Alberta T1X 1V7 (403) 207-7050



Plumbing Permit Application

Muni Permit Number _____

Date of Application: _____ Roll Number: _____

Land Owner Name: _____ Phone Number: _____
 Mailing Address: _____ Fax Number: _____
 City & Postal Code: _____ Email Address: _____

Contractor Name: _____ Phone Number: _____
 Mailing Address: _____ Fax Number: _____
 City & Postal Code: _____ Email Address: _____

Municipal Address: _____ Lot _____ Block _____ Plan _____

Project Information: (Please be sure to check one of each)
 Type of work: New Work Renovation Connection Temporary Other (Specify): _____
 Intended Use: Institutional Industrial Commercial Residential Multi-family
 Basement Development Garage or Small Accessory Building Other (Specify): _____

Is the basement rough-in included in your scope of work? Yes No (If yes, # of fixtures must reflect this.)

Plumbing (Please indicate number of fixtures)
 Kitchen sinks: _____ Water Closets: _____ Backwater Valve: _____ Laundry Standpipe: _____
 Wash Basins: _____ Floor Drains: _____ Sump Pump: _____ Hose Bibs: _____
 Bathtubs: _____ Auto Washers: _____ Bar Sinks: _____ Dishwasher: _____
 Showers: _____ Sprinkler Heads: _____ Other: _____ Total # of Fixtures: _____
Value of Labour & Materials: _____ **Total Developed Area:** _____ **sq.ft.**

* 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 one year.
 ** Owner's signature/declaration (homeowner permits only) "I hereby declare that 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 Act and Regulations. "
 *** The permit applicant acknowledges that refunds and permit extension requests will be subject to approval."

Please check who the applicant is: Contractor Homeowner
 Applicant Company Name: _____ Applicant Name (Print): _____
 Certification/Journeyman Class & No.: _____ Signature: _____
 Mailing Address: _____ Phone Number: _____
 City & Postal Code: _____ Email: _____

Permit Validation Section (To be completed by SCO or Issuing Officer)
 Payment Method: Cash Debit Cheque Invoice Credit Card
 Permit Fee: _____ Other Fee: _____ SCC Fee: _____ Total Fee: _____
 Permit Conditions: _____
 Date of Issue: _____ Credit Card Payment Section
 Issuing Officer's Name: _____ Name of Cardholder: _____
 Issuing Officer's Designation Number: _____ Card Number: _____
 Issuing Officer's Signature: _____ Expiry Date: _____