



**CITY OF CHESTERMERE**  
 105 Marina Road, Chestermere, AB T1X 1V7  
 Telephone: (403) 207-7075 Fax: (403) 207-2817  
 Website: www.chestermere.ca

# Gas Permit Application (2016-01)

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: \_\_\_\_\_

**Project Location:**  
 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): \_\_\_\_\_  
 Resource Used:  Natural Gas  Propane  Other

**Gas (Please indicate number of outlets)**  
 Furnace: \_\_\_\_\_ Unit Heaters: \_\_\_\_\_ Barbeque: \_\_\_\_\_ Roof Top Units: \_\_\_\_\_  
 Water Heater: \_\_\_\_\_ Boilers: \_\_\_\_\_ Space Heaters: \_\_\_\_\_ Fireplaces: \_\_\_\_\_  
 Dryers: \_\_\_\_\_ Other Outlets: \_\_\_\_\_ Specify (Others): \_\_\_\_\_  
 Gas Air Test Only: \_\_\_\_\_ Propane Temporary Gas Only: \_\_\_\_\_  
 Total Number of Outlets: \_\_\_\_\_ Commercial BTU's: \_\_\_\_\_ Total Developed Area: \_\_\_\_\_ sq.ft.

*Advisory Notice: ALL RANGES REQUIRE ANTI-TIP DEVICE AT INSTALLATION.  
 - A minimum of 3/4 inch residential gas line is required.  
 --The gas air test inspection is sent directly to Atco Gas by the City of Chestermere only.  
 ---Propane-fueled temporary construction heat greater than 500 lbs. requires a gas permit.  
 ----Temporary Propane fueled heaters greater than 500 lbs. requires a gas permit.*

\* 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: \_\_\_\_\_

**All Safety Codes Inspection Requests must be sent to [inspections@chestermere.ca](mailto:inspections@chestermere.ca) . To find out the updated schedule of inspection, please go to our website at [www.chestermere.ca](http://www.chestermere.ca). A minimum of 48 hours notice is required at all times. Please note that schedule may change without notice.**