



Town of Ponoka
200, 5604-50 Street
Ponoka, AB T4J 1G5

Phone: (403) 783-4431
Fax: (403) 783-6745

Gas Permit Application

Permit Label

eSITE Permit Number: 254254-_____

Other Permits Required: Building Electrical Plumbing PSDS

Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

Estimated Completion Date (M/D/Y): _____

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

Contractor: _____ **Mailing Address:** _____
City: _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____
Alt Phone: _____ **Email Address:** _____ **Fax:** _____

Project Location: TOWN OF PONOKA **Street Address:** _____
Unit #: _____ **Lot:** _____ **Block:** _____ **Plan:** _____ **Subdivision Name:** _____
Legal Subdivision: **Part of:** _____ **¼ Sect:** _____ **Twp:** _____ **Rg:** _____ **W of:** _____ **Tax Roll #:** _____
Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas
Type of Work: New Renovation Addition Accessory Building Manufactured Home Temp Heat Replacement
Description of Work: _____

Gas: Natural Gas Propane **Gas Supplier Name:** _____
Furnaces: _____ **# Water Heaters:** _____ **# Fireplaces:** _____ **# Dryers:** _____ **# Boilers:** _____ **# Radiant Heaters:** _____
BBQ's: _____ **# Secondary Risers:** _____ **# Ranges:** _____ **# Other Outlets:** _____ **Total BTU's (Non-Residential):** _____
Total # of Outlets: _____ **Total Developed Area:** _____

Propane Tank Sets: New Existing **#Tank Sets:** _____ **Tank Size:** _____
Serial Number(s): _____

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; Superior Safety Codes Inc. 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. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

Journeyman's Name (Please print) _____ **Journeyman's Signature** _____ **Homeowner's Signature (Homeowner permits only)** _____

Journeyman's Certification Number _____ *Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.*

Permit Fee: \$ _____ ***SCC Levy:** \$ _____ **TOTAL FEE:** \$ _____
 *SCC Levy is 4% with a minimum of \$4.50 and a maximum of \$560
Payment Method: Visa M/C Debit Cheque Cash **Authorization / Cheque Number:** _____
Credit Card #: _____ **CVV #:** _____ **Expiry Date:** _____ **Date of Authorization:** _____
Name of Cardholder: _____ **Signature of Cardholder:** _____

Permit Validation Section to be completed by Permit Issuer:
Special Conditions: _____

Permit Issuer's Name (print or type) _____ **Permit Issuer's Signature** _____
Permit Issuer's Designation Number: _____ **Date of Issue (M/D/Y):** _____