



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

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