

Permit Type:  Homeowner  Contractor

Estimated Start Date (M/D/Y) \_\_\_\_\_  
Estimated Completion Date (M/D/Y) \_\_\_\_\_

Application form must be filled out in full.

When your permit is ready do you want us to:  call you for pick up  mail it  fax  email

Owner Name: _____ Mailing Address (City, Province, Postal Code): _____ _____ Phone: _____ Alternate Phone: _____ Fax: _____ Email _____	Contractor Name: _____ Mailing Address (City, Province, Postal Code): _____ _____ Phone: _____ Alternate Phone: _____ Fax: _____ Email _____
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Project Location:

Legal(circle): NE NW SE SW Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ W4 Subdivision \_\_\_\_\_  
Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_ Rural Address: \_\_\_\_\_

Project Information

- Commercial
- Residential
- Industrial
- Institutional
- Oil & Gas

Type of Work

- New
- Addition
- Renovation
- Accessory Building
- Manufactured Home

Total Developed Area: \_\_\_\_\_ Sq.Ft.

- Temp Heat
- Replacement

Roll #: \_\_\_\_\_

Description of Work: \_\_\_\_\_

GAS:  natural gas  propane PROPANE TANK SET: tank size \_\_\_\_\_ # of tanks \_\_\_\_\_  
serial number \_\_\_\_\_  permanent  temporary

# Furnaces		# Boilers		# Ranges	
# Water Heaters		# Radiant Heaters		# Other Outlets	
# Fireplaces		# Barbecues		TOTAL Outlets:	
# Dryers		# Secondary Risers		Total BTU's (Non-Residential):	

**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 owner/contractor 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. **The permit applicant acknowledges this permit will expire in one (1) year unless extended in writing by a Safety Codes Officer or the Development Authority**

Homeowner Signature \_\_\_\_\_

Journeyman Signature \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Journeyman Name \_\_\_\_\_

Scc Levy: \*\$ \_\_\_\_\_ (See Fee Schedule)

Journeyman Certification Number \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_

Application Date \_\_\_\_\_

Receipt: \_\_\_\_\_

In case of cancellation, a permit fee will only be refunded in full if no site inspection has been attempted. No refunds on expired permits.

INSPECTION REQUESTS please contact Superior Safety Codes at: Ph. 780-489-4777 or 1-866-999-4777 Fax 780-489-4711 or 1-866-400-4711