

Box 177 Glendon, AB T0A 1P0
P: 780-635-3807 F: 780-635-2100
Please call Village Office to book
inspection. A minimum of 48
hours notice is required

VILLAGE OF GLENDON GAS PERMIT

GAS
LABEL

Gas Permit #: _____ Roll #: _____ Date of Issue: _____

Permit Type: Residential Property Owner Certified Contractor Development Permit #: _____

LAND LOCATION: PLAN _____ BLK ____ LOT ____ PART _____ 1/4 SEC _____ TWP _____ RG _____ W4M

Rural Address: _____

Owner Name: _____

Mailing Address: _____

Phone Number: _____ Other Phone Number: _____

Email: _____

DESCRIPTION OF INSTALLATION: _____

RESIDENTIAL INSTALLATION (Please indicate how many of each are being installed)

Furnace BBQ Unit Heater Boiler Fireplace Secondary Gas Line
 Water Heater Dryer Range Future Outlets Temp Heat

Name of Gas Supplier: _____ TOTAL BTU's: _____ TOTAL No. of OUTLETS

NON-RESIDENTIAL INSTALLATION: Total BTU's: _____ Gas Supplier: _____

PROPANE INSTALLATION: No. of TANKS: SIZE: _____ SERIAL No. _____

Are you connecting an appliance to Hydronic (Underslab) Heating? YES NO

If you have checked YES above, will the appliance be connected at time of occupancy? YES NO

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 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. For inspections, 48 hours notice is required.

Job Value: _____

Permit Fee: _____

Admin Fee: _____

SCC Fee: _____

Total Permit Fee: _____

Payment: Cheque Cash Interac

Designated SCO Name: _____

Designation #: _____

SCO Signature: _____

OFFICE USE ONLY

Permit Holder Signature: _____

Permit Holder Name: _____

Certification Number: _____

Estimated Start Date: _____

Estimated Completion Date: _____

Company Name: _____

Mailing Address: _____

Postal Code _____

Phone: _____ Fax: _____

Email: _____

The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.
Information on this form may be used by the Authority having Jurisdiction.