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Gas Permit Application Form

Permit Type: Owner Contractor Estimated Project Completion Date: _____

Application Date (M/D/Y): _____ Building Permit Number: _____

Owner Information

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

Contractor Information

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

Project Location: PARKLAND COUNTY Municipal Address: _____
Plan: _____ Block: _____ Lot: _____ Subdivision: _____
Legal Land Description: W of: _____ M Rg: _____ Twp: _____ 1/4 Sect: _____ Part of: _____ Tax Roll: _____
Directions: _____

Project Information

Commercial Residential Multi-Family Industrial Institutional
Type of Work: New Renovations Relocation Addition Connection Basement Development Other _____
Description of Work: _____

Gas Type: Natural Gas Propane Gas Supplier Name: _____
Furnaces: _____ # Water Heaters: _____ # Fireplaces: _____ # Dryers: _____ # Radiant Heaters: _____ # Other Outlets: _____
BBQs: _____ # Secondary Risers: _____ # Boilers: _____ # Ranges: _____
Total # Outlets: _____ **Total BTU's (Required for all installations):** _____
Propane Tank Sets (*not required for under 500 litre tanks*): # Tank Set(s): _____ Tank Size: _____ # Vaporizer(s) _____
Serial Number(s) _____

Permit Applicant Declaration: The information collected on this document will be used for the purposes allowed under the authority of the Municipal Government Act. The personal information that you provide may be made public, subject to the provisions of the Freedom of Information and Protection of Privacy Act. Questions regarding the collection and use of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for Parkland County, 53109A HWY 779, Parkland County, Alberta T7Z 1R1 (780-968-3229).

Journeyman's Name (please print) _____ Journeyman's Signature _____ Homeowner's Signature (*homeowner permits only*) _____
Journeyman's Certification Number _____

Permit Fee: \$ _____ *SCC Levy: \$ _____ *(4% of permit fee with a minimum of \$4.50) **TOTAL FEE:** \$ _____
Payment Method: Visa M/C Debit Cheque Cash Receipt No.: _____

For Office Use Only – Credit Card Authorization

PAYMENT AMOUNT: _____

Card Holder: _____

Card No: _____

Expiry Date: _____

Signature: _____

Please note that if you are remitting a payment with a credit card number, the application cannot be submitted by email to ensure security of your credit card information. Alternatively, you could remit by email WITHOUT the credit card information and include contact information for payment, but be aware that permits will not be processed until payment is received.

The application can be dropped off at our office, mail/couriered or remitted via fax at 780-968-3225.