

Permit Type: Homeowner Contractor

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

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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Legal: NE NW SE SW Section _____ Township _____ Range _____ W4 Subdivision _____
Lot _____ Block _____ Plan _____ Rural Address: _____

Project Information	Type of Work	Total Developed Area: _____ Sq.Ft.
<input type="checkbox"/> Commercial	<input type="checkbox"/> New	<input type="checkbox"/> Temp Heat
<input type="checkbox"/> Residential	<input type="checkbox"/> Addition	<input type="checkbox"/> Replacement
<input type="checkbox"/> Industrial	<input type="checkbox"/> Renovation	
<input type="checkbox"/> Institutional	<input type="checkbox"/> Accessory Building	Roll #: _____
<input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Manufactured Home	

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