



Gas Fireplace Permit Application

Muni Permit Number _____

Date of Application: _____ Roll Number: _____

Land Owner Name: _____ Phone Number: _____
 Mailing Address: _____ Fax Number: _____
 _____ Postal Code: _____ Email Address: _____

Contractor Name: _____ Phone Number: _____
 Mailing Address: _____ Fax Number: _____
 _____ Postal Code: _____ Email Address: _____

Municipal Address: _____ Lot _____ Block _____ Plan _____

Project Information: (Please be sure to check one of each)
 Type of work: New Work Renovation Temporary Other (Specify): _____
 Intended Use: Institutional Industrial Commercial Multi-Family
 Residential Basement Development Garage or Small Accessory Building
 Others _____

Is the gas line for this fireplace unit included in your scope of work? Yes No
 Fireplace Installation: _____ No. of units
 Commercial BTU's: _____ (if applicable)

ADVISORY NOTICE: THIS PERMIT IS TO BE APPLIED FOR BY THE FIREPLACE INSTALLER. MANUFACTURER'S INSTALLATION GUIDE MUST BE ONSITE FOR INSPECTION.

* 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 that 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."
 *** The permit applicant acknowledges that refunds and permit extension requests will be subject to approval."

Please check who the applicant is: Contractor Homeowner
 Applicant Company Name: _____ Applicant Name (Print): _____
 Certification/Journeyman Class & No.: _____ Signature: _____
 Mailing Address: _____ Phone Number: _____
 City & Postal Code: _____ Email: _____

Permit Validation Section (To be completed by SCO or Issuing Officer)
 Payment Method: Cash Debit Cheque Invoice Credit Card
 Permit Fee: _____ Other Fee: _____ SCC Fee: _____ Total Fee: _____
 Permit Conditions: _____
 Date of Issue: _____ Credit Card Payment Section
 Issuing Officer's Name: _____ Name of Cardholder: _____
 Issuing Officer's Designation Number: _____ Card Number: _____
 Issuing Officer's Signature: _____ Expiry Date: _____