

Bag 1010 Bonnyville, AB T9N 2J7
P: 780-826-3171 F: 780-826-4524

M.D. OF BONNYVILLE NO. 87

GAS LABEL

GAS PERMIT

**Please call the MD office prior to concealment to book an inspection.
Minimum 48 hours notice is required.**

Gas Permit #: _____ Roll #: _____ Application Date: _____

Development Permit #: _____ Permit Issue Date: _____

Permit Type: Residential Property Owner Certified Contractor

Does this installation require building and development permits: Yes No

Legal Location: PLAN _____ BLK _____ LOT _____ PART _____ 1/4 SEC _____ TWP _____ RG _____ W4M

Rural Address: _____

Owner Name: _____

Mailing Address: _____ Postal Code: _____

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 Line
 Water Heater Dryer Range Future Outlets Temp Heat

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 may 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.

Total Permit Fee: _____ Job Value: _____

Payment: Cheque Cash Interac
 MasterCard Visa Invoice Account

Permit Issuer Name: _____

Designation #: _____

Permit Issuer Signature: _____

Agency: _____ Admin: _____
(6110) (6114)

Safety Codes: _____ R#: _____
(6111)

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.**