



File
Number: _____
Date
Received: _____
Tax Roll No.: _____

GAS PERMIT APPLICATION FORM

Development Permit No.: _____ Estimated Project Completion Date (mm/dd/yyyy): _____

Permit Applicant: ☐ Owner ☐ Contractor ☐ Work has not started ☐ Work is in progress ☐ Work is complete

Owner / Applicant: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Cell: _____ Email: _____ Fax: _____

Contractor: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Contractor Name: _____ Cell: _____ Email: _____ Fax: _____

Project Location: Municipality: Lethbridge County Subdivision Name: _____

Street/Rural Address: _____ Postal Code: _____

Lot: _____ Block: _____ Plan: _____ Legal Subdivision: _____ Section: _____ Township: _____ Range: _____ West of: _____

Directions: _____

Please Provide a Detailed Description of Work:

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF OUTLETS
<input type="checkbox"/> Single Residential <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Service Reconnection <input type="checkbox"/> Accessory Building <input type="checkbox"/> Temporary Heat: _____ units Project Total BTU (excluding residential and farm): _____ <input type="checkbox"/> Other: _____	Furnaces: _____ Water Heaters: _____ Boilers: _____ Fireplaces: _____ Dryers: _____ Unit Heaters: _____ BBQs: _____ Ranges: _____ Secondary Gas Line: _____ Other: _____ Total: _____

Important Note: The personal information requested on this form is being collected under the authority of Section 4(c) of the Protection of Privacy Act (POPA). The information will be used for the purpose for which it was collected. For further information about the collection and use of this information please contact Lethbridge County by email atippcoordinator@lethcounty.ca or call 403-328-5525.

Journeyman's Name (print) _____

Journeyman's Signature _____

Homeowner's Signature (homeowner permit only) _____

Journeyman's Certification No.: _____

Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.

Office Use Only

Permit Fee: \$ _____ SCC Levy: _____ Issuing Officer's Name: _____
Total Cost: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) Issuing Officer's Signature: _____
Designation No.: _____
☐ Cash ☐ Debit ☐ Cheque Invoiced _____ Permit Issue Date (mm/dd/yyyy): _____

Submit your permit application to contact@parkinspections.com

Please contact Park Enterprises Ltd. for inspections & inquiries.

Phone: 1-800-621-5440 Fax: 1-866-406-8484

2018.08.13