



PLUMBING PERMIT LABEL

GAS PERMIT LABEL

GAS/PLUMBING PERMIT

Date of Issue: _____

Permit Type: Residential Property Owner/Farmer Certified Plumbing or Gas Contractor

INSPECTION LOCATION: LOT _____ BLK _____ PLAN _____, _____ ¼ SEC _____ TWP _____ RG _____ W4M

Municipality: Town, Village, County or M.D.: _____

Street Address/Subdivision/Acreage Name: _____

Brief Directions: _____

PREMISES OWNED BY: _____ Building Occupants: _____

Mailing Address: _____ Postal Code: _____

DAYTIME PHONE NUMBER: _____ OTHER NUMBERS: _____

WE PROPOSE TO DO AN INSTALLATION AT THE ABOVE PREMISES CLASSED AS: NEW EXISTING

Commercial Industrial Residential Institutional Square Footage: _____

DESCRIPTION OF INSTALLATION: _____

GAS INSTALLATION (PART A)	NON-RESIDENTIAL GAS INSTALLATION (PART B)	PLUMBING INSTALLATION (PART D)
RESIDENTIAL AND FARM NUMBER OF OUTLETS: Furnaces <input type="checkbox"/> Water Heaters <input type="checkbox"/> BBQ <input type="checkbox"/> Dryers <input type="checkbox"/> Unit Heaters <input type="checkbox"/> Ranges <input type="checkbox"/> Boilers <input type="checkbox"/> Fireplaces <input type="checkbox"/> Future Outlets <input type="checkbox"/> Temp Heat <input type="checkbox"/> No. of Secondary Gas Line Risers <input type="checkbox"/> Name of Gas Supplier _____ TOTAL No. of OUTLETS <input type="checkbox"/> FEE \$ _____	Total BTUs Input _____ FEE \$ _____ Gas Supplier _____ PROPANE INSTALLATIONS ONLY (PART C) No. of TANKS _____ SIZE _____ SERIAL No. _____ REFILL CENTRE <input type="checkbox"/> TEMPORARY HEAT <input type="checkbox"/> FEE \$ _____	NUMBER OF FIXTURES Water Closets (Toilets) <input type="checkbox"/> Basins (Bathroom Sinks) <input type="checkbox"/> Bath Tubs <input type="checkbox"/> Showers <input type="checkbox"/> Laundry <input type="checkbox"/> Kitchen Sinks <input type="checkbox"/> Floor Drains <input type="checkbox"/> Weeping Tile <input type="checkbox"/> Other Fixtures <input type="checkbox"/> Water & Sewer Connection <input type="checkbox"/> TOTAL No. of FIXTURES <input type="checkbox"/> FEE \$ _____

* 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 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."

Parts A, B, C, D Total Permit Fee: _____ Job Value: _____

Permit Holder Signature*: _____

Type of Payment: Visa MC Cheque Cash

Permit Holder Name: _____

Card Holder Name: _____

Certification Number: _____

VISA / MC #: _____

Estimated Completion Date: _____

Expiry Date: _____

If Contractor Permit, company information

If Homeowner Permit, owner information

Designated SCO Name: _____

Company Name: _____

Designation #: _____

Mailing Address: _____

SCO Signature: _____

Postal Code: _____

OFFICE USE ONLY

Phone: _____ Fax: _____

TOWN OF DRUMHELLER

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Drumheller, AB T0J 0Y3

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