



Park Enterprises Ltd.  
 #10, 491 W.T. Hill Blvd,  
 Lethbridge, AB T1J 1Y6  
 Phone: 1(800) 621-5440  
 Fax: 1(866) 406-8484  
 Email: contact@parkenterprises.ca

## Gas Permit Application

**Permit Applicant:**  Owner  Contractor  
**Application Date** (mm/dd/yyyy): \_\_\_\_\_ Estimated Start Date (mm/dd/yyyy): \_\_\_\_\_  
 Development Permit No. (if applicable): \_\_\_\_\_ Estimated Completion Date (mm/dd/yyyy): \_\_\_\_\_  
 Building Permit No. (if applicable): \_\_\_\_\_ **Value of Work** (labour & materials): \_\_\_\_\_

**Owner Name** (printed): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 \*Email: \_\_\_\_\_ Owners Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Contracting Company Name** (printed): \_\_\_\_\_ **Contact Name** (printed): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 \*Email: \_\_\_\_\_ Owners Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Project Location**  
 Municipality: \_\_\_\_\_ Subdivision/ Hamlet Name: \_\_\_\_\_ Tax Roll No.: \_\_\_\_\_  
 Street/ Rural Address: \_\_\_\_\_ Unit: \_\_\_\_\_  
 \*Legal land description is required  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ LSD: \_\_\_\_\_ Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
 Directions: \_\_\_\_\_

**Description of Work** (please provide a **complete and detailed** description of the work to be completed including all applicable drawings/ documents):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Work has not started  Work is in progress  Work is complete  
**WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING**

TYPE OF OCCUPANCY/ FUEL TYPE	TYPE OF WORK	NUMBER OF OUTLETS
<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential # of units: _____ <input type="checkbox"/> Agricultural (Farm) <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Accessory Building <input type="checkbox"/> Grain Dryer: <input type="checkbox"/> Portable <input type="checkbox"/> Non-Portable <input type="checkbox"/> Manufactured/ RTM Home - foundation type: _____ <input type="checkbox"/> Propane Tank - size: _____ <input type="checkbox"/> Propane Tank Set - manifolded _____ <input type="checkbox"/> Temporary Service/ Heat - # of units: _____ <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Refill Centre <input type="checkbox"/> Service Connection <input type="checkbox"/> Annual Permit Furnace: _____ Unit Heater: _____ Water Heater: _____ Boiler: _____ Fireplace: _____ BBQ: _____ Dryer: _____ Range: _____ Secondary Gas Line: _____ Other (specify): _____ <b>Total # of Outlets:</b> _____ <b>Project Total BTU:</b> _____
<b>FUEL TYPE:</b> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane		

FOIP Notification: The personal information required by the Town of Cardston application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Town of Cardston at 403-653-3366 or 67 3rd Avenue West, Cardston T0K 0K0.

Certified Installer's Name (please print) \_\_\_\_\_ Certification No. \_\_\_\_\_ Certified Installer's Signature \_\_\_\_\_

Homeowner's Signature (homeowner permit only) **Homeowner Declaration:** I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.

<b>OFFICE USE ONLY</b>	
<b>Other Permits Required</b> <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Private Sewage <input type="checkbox"/> Not Applicable Permit Fee: \$ _____ SCC Levy: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) Travel Fee: \$ _____ <b>Total Cost:</b> \$ _____ Receipt No.: _____ <input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)	[Received Date Stamp]    eSITE Permit No.: _____ Agency File No.: _____

\*Email address fields and legal land description are required to be completed. Please go to parkenterprises.ca for FAQs and application checklists.