



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): _____ Total # of Outlets: _____ Project Total BTU: _____
FUEL TYPE: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane		

FOIP Notification: The personal information required by the Town of Fort Macleod 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 Fort Macleod at 403-553-4425 or 410 20th Street, Fort Macleod T0L 0Z0.

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.

OFFICE USE ONLY	
Other Permits Required <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: \$ _____ Total Cost: \$ _____ 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)	<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;">[Received Date Stamp]</div> 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.