Town Of
Milk River

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: Town of Milk River 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
☐ Single Residential ☐ Farm/Ranch ☐ Other: _____ _____	☐ New ☐ Renovation ☐ Addition ☐ Single Family Dwelling ☐ Manufactured/Mobile Home ☐ Service Reconnection ☐ Accessory Building ☐ Temporary Heat: _____ units Project Total BTU (excluding residential and farm): _____ ☐ Other: _____	Furnaces: _____ Water Heaters: _____ Boilers: _____ Fireplaces: _____ Dryers: _____ Unit Heaters: _____ BBQs: _____ Ranges: _____ Secondary Gas Line: _____ Other: _____ **Total:** _____

FOIPP Notification: The personal information required by the Town of Milk River 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 Milk River at 403-647-3773 or 240 Main Street | Box 270, Milk River T0K 1M0.

_____ Journeyman's Name (print)

_____ Journeyman's Signature

_____ Homeowner 's Signature (homeowner permit only)

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

Journeyman's Certification No.: _____

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: _____

Receipt No.: _____ 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