



Plumbing and Gas Permit

Town of Penhold

Box 10, 1001 Minto Street, Penhold, Alberta T0M 1R0
 Phone (403) 886-4567 Fax (403) 886-4039



Gas Permit File # _____
 Gas EPS # 248- _____

Plumbing Permit File # _____
 Plumbing EPS # 248- _____

Owner Name: _____ Address: _____
 City: _____ Prov. _____ P.C. _____
 X _____ Phone: (____) _____ Fax (____) _____

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 resume responsibility for compliance with the applicable Act and regulations."

Contractor: _____ Journeyman #or Installer#: _____
 Address: _____
 City: _____ X _____ Contractor's Signature
 Postal Code: _____
 Phone: (____) _____ Fax: (____) _____

Project Location: Town of Penhold Street Address _____
 Lot: _____ Block: _____ Plan: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Project Information: Use/Occupancy of Building: _____ Expected Completion Date: _____
 Description of Work: _____

Single Family and Farm Applications Gas Installation (Part A)				Commercial or Industrial Gas Installation (Part B)		Plumbing Installation (Part D) Number of Fixtures			
Furnaces <input type="checkbox"/>	Water Heaters <input type="checkbox"/>	Total BTU's _____	Toilets <input type="checkbox"/>	Bathroom Sinks <input type="checkbox"/>	Bath Tubs <input type="checkbox"/>				
Room Heaters <input type="checkbox"/>	Dryers <input type="checkbox"/>	Fee \$ _____	Showers <input type="checkbox"/>	Landry <input type="checkbox"/>	Kitchen Sinks <input type="checkbox"/>				
Unit Heaters <input type="checkbox"/>	Fireplaces <input type="checkbox"/>	Propane Installation Only (Part C)			Floor Drains <input type="checkbox"/>	Weeping Tile <input type="checkbox"/>	Other Fixtures <input type="checkbox"/>		
Boilers <input type="checkbox"/>	BBQ <input type="checkbox"/>	No. of Tanks: _____							
Future Outlets <input type="checkbox"/>	Ranges <input type="checkbox"/>	Size: _____							
No. of Secondary Gas Line Risers _____		Serial No.: _____							
Natural <input type="checkbox"/>	Propane <input type="checkbox"/>	Temp. Heat: _____				Water & Sewer Connection <input type="checkbox"/>			
Total No. of Outlets <input type="checkbox"/>		Total No. of Tanks <input type="checkbox"/>		Total No. of Fixtures <input type="checkbox"/>					
Fee \$ _____		Fee \$ _____		Fee \$ _____					

Permit Validation Section: (Office Use Only)

_____ Issuing SCO's name (print or type) _____ Issuing SCO's Signature _____
 _____ Issuing SCO's Designation # _____ Date of Issue _____

Permit Fee: _____
 SCC Fee: _____
 Total Fee: _____

Comments: _____
 Payment Method: Visa M/C Cash Cheque Debit Card