

Town of Ponoka 200, 5604-50 Street Ponoka, AB T4J 1G5

Phone: (403) 783-4431 Fax: (403) 783-6745

Gas Permit Application

Permit Label

	eSITE Permit Number: 254254
Other Permits Required: Building Electrical	Plumbing PSDS
Permit Type: Owner Contractor	Development Permit Number:
Application Date (M/D/Y):	Estimated Completion Date (M/D/Y):
Owner Name:	Mailing Address:
City: Prov:	Postal Code: Phone:
Alt Phone: Email Address:	Fax:
Contractor:	Mailing Address:
City: Prov:	Postal Code: Phone:
Alt Phone: Email Address:	Fax:
	Street Address:
Unit #: Lot: Block: Plan:	Subdivision Name
Legal Subdivision: Part of: 1/4 Sect: Twp: Directions:	Rg: W of: Tax Roll #:
Project Information: Commercial Residential Multiple of Work: New Renovation Addition Access Detailed Description of Work:	ssory Building Manufactured Home Temp Heat Replacement
	Gas Supplier Name: # Dryers: # Boilers: # Radiant Heaters: # Other Outlets: Total BTU's (Non-Residential): Total Developed Area
Propane Tank Sets: New Existing #Tank Serial Number(s):	Sets: Tank Size:
Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Town of Ponoka.	
Journeyman's Name (Please print) Journeyman Journeyman	Homeowner Declaration: By signing this permit I
Permit Fee: \$ *SCC Levy: \$ TOT	
*SCC Levy is 4% with a minimum of \$4.50 and a maximum of \$560	TAL FEE. \$
Payment Method: Visa M/C Debit Cheque C	Cash Authorization / Cheque Number
Credit Card #:	Expiry Date: Date of Authorization:
Name of Cardholder:	Signature of Cardholder: