



502 Center Street | Box 100, Bow Island TOK 0G0
 Phone: 403-545-2522 | Fax: 403-545-6642 | www.bowisland.com



PARK ENTERPRISES LTD.
 "Inspections by People Who Care!"

File Number: _____
 Date Received: _____
 Tax Roll No.: _____

GAS PERMIT APPLICATION FORM

Development Permit No.: _____ Estimated Project Completion Date (mmm/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 Bow Island 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
<input type="checkbox"/> Single Residential <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Service Reconnection <input type="checkbox"/> Accessory Building <input type="checkbox"/> Temporary Heat: _____ units Project Total BTU (excluding residential and farm): _____ <input type="checkbox"/> 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 Bow Island 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 Bow Island at 403-545-2522 or 502 Center Street | Box 100, Bow Island TOK 0G0.

Journeyman's Name (print) _____ Journeyman's Signature _____ Homeowner's Signature (homeowner permit only) _____
 Journeyman's Certification No.: _____ Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.

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.: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque _____		Permit Issue Date (mmm/dd/yyyy): _____