



309B Macleod Trail S.W.  
 High River, AB T1V 1Z5  
 P: 403-603-3412  
 E: [permits@highriver.ca](mailto:permits@highriver.ca)  
 W: [www.highriver.ca](http://www.highriver.ca)

Gas Permit#	HRV-	PERMIT FEE:		APPLICATION DATE:	
Air Test Permit #	HRV-	SCC:		ROLL:	
File #		TOTAL FEE:		RECEIPT #	

# TEMPORARY GAS PERMIT

Gas Permit #	Air Test Permit #	Estimated Commencement Date _____  Estimated Completion Date _____
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**PROPERTY INFORMATION (MUST BE COMPLETED)**

Municipal Address \_\_\_\_\_ Unit / Bay# \_\_\_\_\_  
 Legal Description Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_  
 Pt. \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ Rge. \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

**OWNER INFORMATION (MUST BE COMPLETED)** *if business, give full business name, not the numbered company name*

Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**FOR HOMEOWNER'S PERMIT ONLY**

"I hereby declare I am the owner of the property and / or premises in which the work will be conducted and reside on the property. I am doing the work myself and assume responsibility for compliance with the applicable Act and Regulations"

Homeowner Signature: \_\_\_\_\_

**SUBCONTRACTOR INFORMATION - GASFITTER**

Business Name: \_\_\_\_\_ Business # \_\_\_\_\_  
 GasFitter: \_\_\_\_\_ Journeyman # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Whether a subcontractor is doing the work or a homeowner is taking full responsibility for the work, if a change of contractor occurs after the work has begun and/or been inspected, a new Permit must be applied for and applicable fees paid.**

**Place a Checkmark in the Appropriate Boxes:**

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Residential   | <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Propane              |
| <input type="checkbox"/> Institutional | _____ Total BTU                      | _____ # of tank sets                          |
| <input type="checkbox"/> Commercial    |                                      | _____ Size of tank(s)                         |
| <input type="checkbox"/> Industrial    |                                      | _____ # of tanks in a set # of tanks in a set |

This Temporary Gas Permit has been issued for an abbreviated gas line / gas manifold / quick disconnect at the meter and/or hoses utilized for temporary heat.

**PLEASE NOTE: All tanks with the capacity of 454 litres or over require a SEPARATE tank set permit. If this permit is for a tank set, it only covers the installation that is done by one contractor. If fuel burning appliances are hooked up to the tank set by a different contractor, a SEPARATE gas permit is required for a service connection.**

Permit Holder Signature: \_\_\_\_\_ Date \_\_\_\_\_

Payment can be made by completing a *Credit Card Authorization* form, available online at [www.highriver.ca](http://www.highriver.ca)

**For inspections, contact the Town of High River Safety Codes Department**

E-Mail: [permits@highriver.ca](mailto:permits@highriver.ca) TEL: 403-603-3412

**\*\* THIS PERMIT WILL EXPIRE ONE YEAR FROM THE DATE OF ISSUE \*\***

**Permit Validation Section (OFFICE USE ONLY)**

_____	_____
Permit Issuer Name (print)	Permit Issuer Designation Number
_____	_____
Issuing Permit Issuer Signature	Date of Issue



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## IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR:

### TEMPORARY GAS PERMIT

- It is the applicant / contractor's responsibility to ensure that inspections are notified, at the rough-in stage before the walls are covered and at the final stage (prior to occupancy) upon completion.
- Failure to notify for gas inspections (as required by the Canadian Electrical Code) will indicate to the Authority having Jurisdiction (Town of High River) that the Gas installation has not commenced, or has been suspended, and the permit will expire one (1) year from date of issue.

FOIP Disclaimer: *The information collected via this form is being collected by the Town of High River pursuant to legislation governing the information handling practices of the Town of High River, specifically Sections 33 (a) and (c) of the Freedom of Information and Protection of Privacy Act (Alberta), the Municipal Government Act (Alberta), and other legislation or bylaws governing the municipality, as may be applicable. By signing this document, you acknowledge that, in accordance with Section 17(2)(g) of the Freedom of Information and Protection of Privacy Act your name, address and other details related to your permit may be made available to the public. Should you have any questions related to the collection or disclosure of your personal information, please contact the Legislative Services division for the Town of High River at 403.652.2110.*