TOWN OF COCHRANE

Building Safety Codes

101 RancheHouse Rd.
Cochrane, AB   T4C 2K8
Phone: 403-851-2572   Fax: 403-932-2935
Email: safety.codes@cochrane.ca

cochrane
HOW THE WEST IS NOW

Fields marked with an * are required

Contractor Gas Permit Application

CONTRACTOR INFORMATION

CONTRACTOR*	Phone *
MAILING ADDRESS*	Email *
CITY & POSTAL CODE*	

OWNER INFORMATION

Property Owner Name *	Phone *
Mailing Address *	Email *
City & Postal Code *	
Project Address *	Legal Description Lot/ Unit Block Plan
Construction Type* *	Building Permit #

PERMIT FEES

Residential Developed Floor Area   sq. ft.

(**NB** Fees for new single family, semi-detached residential and accessory suites are based on the combined finished floor area. If the basement is developed that area is to be added.)

Gas-Fired Appliances	Outlet No.	BTUs	Gas-Fired Appliance	Outlet No.	BTUs
Heating Appliances			Cooktops/Ovens		
Water Heaters			Fireplaces		
Rooftop Units			Barbeques		
			Totals*		

PROJECT DETAILS

Estimated Completion Date

(mm, dd, yyyy)

Description of Work*

APPLICANT INFORMATION

APPLICANT DECLARATION I certify that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and will commence within **90 days**. I understand contractor permits are to be completed within **180 days**.

I also understand that by choosing the declaration checkbox I am applying for a gas fitting permit in the Town of Cochrane

The personal information collected through this permit application will be used to process your application. The information relates directly to and is necessary for the operation of the program or activity applied for and may be input into an automated system to generate content or make decisions, recommendations, or predictions. This information is collected and used under the authority of Section 4(c) of the Protection of Privacy Act and managed in accordance with the Act. For questions about the collection of personal information, please contact ATI@cochrane.ca.

Trade*	Certification*

I have read and understand
the declaration *

Journeyman Gasfitter Name (Print)   Application Date (mm,dd,yyyy)