

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



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.		
<small>(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.)</small>					
<u>Gas-Fired Appliances</u>		<u>Outlet No.</u>	<u>BTUs</u>	<u>Gas-Fired Appliance</u>	
Heating Appliances				Cooktops/Ovens	
Water Heaters				Fireplaces	
Rooftop Units				Barbeques	
				Totals*	
PROJECT DETAILS					
Estimated Completion Date					
<small>(mm, dd, yyyy)</small>					
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					
<small>The personal information requested is collected under the Safety Codes Act, Section 63, The Municipal Government Act, Section 301.1, the Alberta Freedom of Information and Protection of Privacy Act (FOIP) Section 33(c) and will be protected under Part 2 of the FOIP Act. The information is used for issuing permits, safety codes compliance verifications, monitoring and property assessment purposes. Information collected by public bodies forms part of a file that may be available to the public. Please direct any questions about this collection to: FOIP Coordinator, 2nd Floor, 101 Ranchehouse Road, 403-932-2674 or FOIP@cochrane.ca.</small>					
Trade*			Certification*		
I have read and understand the declaration *					
_____ Journeyman Gasfitter Name(Print)			_____ Application Date(mm,dd,yyyy)		