

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 Temp Heat 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					
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)