



# Tsuut'ina Development Authority Gas Code Services

Label

Application Type: ☐ Owner ☐ Contractor

Application Date (M/D/Y): \_\_\_\_\_

Estimated Completion Date (M/D/Y): \_\_\_\_\_

<b>Owner:</b> _____ <b>Mailing Address:</b> _____ <b>City:</b> _____ <b>Prov.:</b> _____ <b>Postal Code:</b> _____ <b>Phone:</b> _____ <b>Cell Number:</b> _____ <b>Email Address:</b> _____ <b>Fax:</b> _____	
<b>Contractor:</b> _____ <b>Mailing Address:</b> _____ <b>City:</b> _____ <b>Prov.:</b> _____ <b>Postal Code:</b> _____ <b>Phone:</b> _____ <b>Cell Number:</b> _____ <b>Email Address:</b> _____ <b>Fax:</b> _____	
<b>Project Location:</b> <b>Street or Rural Address:</b> _____ <b>Subdivision or Name:</b> _____ <b>Unit or Suite #:</b> _____ <b>Lot:</b> _____ <b>Block:</b> _____ <b>Plan:</b> _____ <b>Legal Subdivision:</b> Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____ <b>Directions:</b> _____	
<b>Project Information:</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Multi Family <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <b>Type of Work:</b> <input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Building <input type="checkbox"/> Temp Heat <input type="checkbox"/> Replacement <b>Description of Work:</b> _____	
<b>Type of Gas:</b> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <b>Name of Gas Supplier:</b> _____ <b># Furnaces:</b> _____ <b># Water Heaters:</b> _____ <b># Fireplaces:</b> _____ <b># Dryers:</b> _____ <b># Boilers:</b> _____ <b># Unit Heaters:</b> _____ <b># BBQ's:</b> _____ <b># Ranges:</b> _____ <b># Other Outlets:</b> _____ <b># Secondary Gas Lines:</b> _____ <b>Total # of Outlets:</b> _____ <b>BTU Input (Non-residential):</b> _____	
<b>Propane Tank Sets:</b> <input type="checkbox"/> New <input type="checkbox"/> Existing <b>#Tank Sets:</b> _____ <b>Tank Size:</b> _____ <b>Serial Number(s):</b> _____	
<b>Applicant Declaration:</b> Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. This application is valid for one year. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.  <b>Journeyman's Name (Please print)</b> _____ <b>Journeyman's Signature</b> _____ <b>Homeowner's Signature (Homeowner's only)</b> _____ <b>Journeyman's Certification Number:</b> _____	
<b>Project Value (Materials &amp; Labour):</b> \$ _____ <b>Total Developed Area:</b> _____ Sq. Ft <b>Fee \$</b> _____ <b>Payment Method:</b> <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <b>Authorization / Cheque Number</b> _____	
<b>Validation Section to be completed by Issuer:</b> <b>Inspecting SCO:</b> _____ <b>Special Conditions:</b> _____  <b>Issuer's Name (print or type)</b> _____ <b>Issuer's Signature</b> _____ <b>Issuer's Designation Number:</b> _____ <b>Date of Issue (M/D/Y):</b> _____	