Tsuut'ina Development Authority
Gas Code Services

Label

Application Type: ☐ Owner ☐ Contractor

Application Date (M/D/Y): _____ **Estimated Completion Date (M/D/Y):**_____

Owner: _____ Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone: _____

Cell Number: _____ Email Address: _____Fax: _____

Contractor: _____ Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone: _____

Cell Number: _____ Email Address: _____ Fax: _____

Project Location:

Street or Rural Address: _____ Subdivision or Name:_____

Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____

Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____

Directions: _____

Project Information: ☐ Commercial ☐ Multi Family ☐ Industrial ☐ Institutional

Type of Work: ☐ New ☐ Renovation ☐ Addition ☐ Accessory Building ☐ Temp Heat ☐ Replacement

Description of Work:_____

Type of Gas: ☐ Natural Gas ☐ Propane Name of Gas Supplier: _____

Furnaces: _____ # Water Heaters: _____ # Fireplaces: _____ # Dryers: _____ # Boilers: _____ # Unit Heaters: _____

BBQ's: _____ **#** Ranges _____ # Other Outlets: _____ # Secondary Gas Lines: _____ **Total # of Outlets:** _____

BTU Input (Non-residential): _____

Propane Tank Sets: ☐ New ☐ Existing #Tank Sets: _____ Tank Size: _____

Serial Number(s): _____

Applicant Declaration: 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.

_____ _____ _____

Journeyman's Name (Please print) Journeyman's Signature Homeowner's Signature (*Homeowner's only*)

Journeyman's Certification Number:_____

Project Value (Materials & Labour)**: $**_____ **Total Developed Area:** _____Sq. Ft

Fee: $_____ **SSCI Portion: $**_____

Payment Method: ☐ Visa ☐ M/C ☐ Debit ☐ Cheque Authorization / Cheque Number _____

Validation Section *to be completed by Issuer*: **Inspecting SCO:** _____

Special Conditions: _____

_____ _____

Issuer's Name (print or type) Issuer's Signature

Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____