



HVAC PERMIT APPLICATION TO INSTALL

Phone: 780-418-6601
 Fax: 780-458-1974

Complete Form - Save to a File – Then E-Mail to: BIS@stalbert.ca

Date: _____ 20____ Business License #: _____

Location: _____ Unit # _____

Commercial Residential Property Owner Name: _____ Phone: _____

Owner / Applicant: _____ Phone: _____

Address: _____ City: _____ Postal Code _____

***Email:** _____ (or Contractor Email below)

NOTE: Homeowner Applications shall be reviewed by an Inspector prior to issuance.

*** Mandatory Field**

Contractor: _____

Address: _____ City: _____ Postal Code _____

***Email:** _____ Phone: _____

► **Certificate of Proficiency No.** _____ Fax: _____

CONSTRUCTION TYPE: NEW ALTERATIONS

<input type="checkbox"/> RESIDENTIAL			<input type="checkbox"/> COMMERCIAL		
Heating, Cooling & Ventilation	MBH	#	Heating or Cooling Systems	MBH	#
<input type="checkbox"/> New Single Family Heating or Cooling Systems			<input type="checkbox"/> Up to 29.3 kW (100 MBH)		
<input type="checkbox"/> Multi Family / Apartment Residential / Institutional			<input type="checkbox"/> 29.3 kW up to 58.6 kW (101-200 MBH)		
<input type="checkbox"/> Alteration or Extension of Duct System			<input type="checkbox"/> 58.6 kW up to 87.63 kW (201-300 MBH)		
<input type="checkbox"/> Heat Recovery Ventilators – per unit			<input type="checkbox"/> 87.64 kW up to 293.0 kW(301-1000 MBH)		
<input type="checkbox"/> Furnace Replacement			<input type="checkbox"/> Above 293.1 kW (+1000 MBH)		
<input type="checkbox"/> Other			<input type="checkbox"/> Alterations, Renovations or Extensions of Duct System		
<input type="checkbox"/> EXHAUST SYSTEMS (per fan unit)			<input type="checkbox"/> Furnace Replacement		
	c.f.m.	#			
<input type="checkbox"/> Less than 500 c.f.m.					
<input type="checkbox"/> 501 c.f.m. up to 4000 c.f.m. (189 m ³ /s)					
<input type="checkbox"/> Systems exhausting in excess of 4000 c.f.m.					
<input type="checkbox"/> Residential apartment systems suite exhaust & dryers	Basic ----- + for each suite				
Sub Total			Sub Total		

FEES DUE: (FOR OFFICE USE ONLY)		METHOD OF PAYMENT: <input type="checkbox"/> Credit Card on File <input type="checkbox"/> Please contact me on the Fee Total prior to charging my credit card <input type="checkbox"/> Cheque Enclosed <input type="checkbox"/> Call for Payment <input type="checkbox"/> Other	Inspection Requests Contact Building Inspection Services to request inspections prior to covering the work. Phone: 780-418-6601 24 Hr Inspection Request Line: 780-459-1652 Fax: 780-458-1974
HVAC Fees:	\$ _____		
Safety Code Fees:	\$ _____		
TOTAL FEES	\$ _____		<small>Collection and use of personal information The information on this form is collected by the City of St. Albert for the purpose of processing permit applications. The use, retention and/or disclosure of such information shall be in strict compliance with the Freedom of Information and Protection of Privacy Act (and any other legislation governing the use and disclosure of information).</small>

PERMITS MUST BE OBTAINED PRIOR TO COMMENCING WORK

RESPONSIBILITY OF THE CONTRACTOR

Neither the granting of a permit, nor the approval of plans and specifications, nor inspections by a Safety Codes Officer shall in any way relieve the owner from full responsibility for carrying out the work in strict accordance with the Safety Codes Act.

CREDIT CARD AUTHORIZATION

To: Development Services
The City of St. Albert
5 St. Anne Street
St. Albert, AB T8N 3Z9

Phone: 780-459-1642
780-459-1654

Fax: 780-458-1974

This is to authorize the City of St. Albert, Development Services, to charge my credit card for application and permit fees.

Payment Method: VISA / M/C / AMEX

Name of Cardholder: _____

Credit Card #: _____

Expiry Date: _____

CVV# / CVC# / CCV#: _____



5 St. Anne Street
St. Albert, AB T8N 3Z9
Phone: 780-459-1642
Email: bis@stalbert.ca

CITY OF ST. ALBERT OWNER'S AUTHORIZATION

Date: _____

File No.: _____

MUNICIPAL GOVERNMENT ACT, RSA, 2000, CHAPTER M-26

(PLEASE PRINT)

I, _____ *(owner's name)*

of _____ *(company, if applicable)*

being the registered owner of _____ *(civic address)*

_____ *(legal description)*

do hereby allow _____ *(applicant – please print)*

To make application for:

- Development Permit**
(Includes, but is not limited to: Sign Permits,
Change of Use and/or New Occupancy, etc.)

_____ *(other description if required)*

- Permits issued under the Safety Codes Act**
(Building, Electrical, Plumbing, Gas & HVAC)

(owner's name – please print)

(owner's signature)

(applicant's name – please print)

(applicant's signature)

Collection and use of personal information

Personal information is collected under the authority of s. (33) of the Freedom of Information and Protection of Privacy Act (FOIP) and is managed in accordance with the provisions of FOIP. This information will be used for the purposes listed above. If you have any questions about the collection, use or disclosure of this information, contact the Director of Planning and Development, St. Albert at 780-459-1642.