



Phone: 780-418-6601

Fax: 780-458-1974

HVAC PERMIT APPLICATION TO INSTALL

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**☐ **RESIDENTIAL**

<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)

HVAC Fees:

\$

Safety Code Fees:

\$

TOTAL FEES

\$

METHOD OF PAYMENT:

- ☐ Credit Card on File
- ☐ Please contact me on the Fee Total prior to charging my credit card
- ☐ Cheque Enclosed
- ☐ Call for Payment
- ☐ 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****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).

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: Planning & Engineering
The City of St. Albert
5 St. Anne Street
St. Albert, AB T8N 3Z9

Phone: 780-459-1654
Email: development@stalbert.ca

Effective January 1, 2026, the Planning and Engineering Department will begin applying a non-refundable credit card processing fee to all payments made by credit card. To avoid this fee, payment may be made by debit card, cash, or cheque.

Authorization: By signing this form, I authorize the City of St. Albert, Planning and Engineering Department, to charge the provided credit card for the cost of application/permit fees and the credit card processing fee.

Payment Method: ☐ VISA ☐ M/C ☐ OTHER _____

Name of Cardholder (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Security Number (CVV): _____

Signature of Cardholder: _____ Date: _____

Collection and use of personal information

Personal information provided in submissions relating to Planning and Engineering applications is collected under the authority of Section 4(c) of the Protection of Privacy Act, SA 2024, c P-28.5, as amended, for the purpose of processing payment for the applications. Information collected will be treated in accordance with Part 1 of the Protection of Privacy Act. If you have questions regarding the collection and use of your personal information, please contact the Director of Planning and Development, St. Albert at 780-459-1642 or the City's Access and Privacy Coordinator at atia@stalbert.ca or 780-418-6663.

**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.