

MECHANICAL 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.** _____

CONSTRUCTION TYPE: NEW ALTERATIONS

| <input type="checkbox"/> PLUMBING | | <input type="checkbox"/> SPRINKLER | | <input type="checkbox"/> GAS | | |
|-----------------------------------|---|--|--------|---------------------------------|------|------------|
| Fixtures | # | | # / mm | | BTU | # |
| Floor Drain | | | | Furnace (New Construction) | | |
| Sink | | Supply Valve Size - mm | | Furnace Replacement | | |
| Water Closet / Toilet | | Sprinkler Heads - # | | Water Heater | | |
| Bathub | | | | Fireplace | | |
| Wash Basin | | <input type="checkbox"/> Renovations to System | | Unit Heater | | |
| Shower | | Sub Total | | Roof Top Unit | | |
| Auto Washer | | | | Boiler | | |
| Laundry Tub | | | | Fryer – Grill | | |
| Urinal | | | | Range | | |
| Bidet | | | | BBQ | | |
| Drinking Fountain | | PRIVATE SEWAGE | | Other | | |
| R.W. Leader | | (Separate Application) | | Comm Constr Heat (Natural Gas)* | | |
| Backwater Valve | | | | | Size | # of Tanks |
| Other Plumbing | | | | Propane Tank (Constr Heat) ** | | |
| Sub Total | | | | Sub Total | | |

*** Commercial Construction Heat (Natural Gas) - Refers to non-residential properties using natural gas fired heaters with hose connection to Gas Meter for construction heat. Gas Permit is not required for SFD/Semi-Detached when using natural gas for construction heat.**

**** Propane Tank (Construction Heat) - Refers to propane fired heaters used for temporary construction heat at any site.**

| | | | | |
|--|-----------|--------------------------------|--|--|
| FEES DUE: (FOR OFFICE USE ONLY) | | METHOD OF PAYMENT: | 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 | |
| Plumbing Fees: | \$ | | | <input type="checkbox"/> Credit Card on File |
| Gas Fees: | \$ | | | <input type="checkbox"/> Please contact me on the Fee Total prior to charging my credit card |
| Sprinkler Fees: | \$ | | | <input type="checkbox"/> Cheque Enclosed |
| Safety Code Fees: | \$ | | | <input type="checkbox"/> Call for Payment |
| TOTAL FEES | \$ | <input type="checkbox"/> Other | | |

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

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.