



Medicine Hat The Gas City

Planning, Building & Development Engineering Services

580 – 1st Street S.E.

Medicine Hat, Alberta T1A 8E6

General Inquiries: 403-529-8374

Fax: 403-502-8036

Date: _____

Contractor/Home Owner: _____ Phone # _____ Fax # _____

Installation Location: _____

Owners Name: _____ Owners Phone # _____

A permit must be issued before commencing work. All work and portions thereof must be inspected. Call the Automated Inspection Line at 403-529-8208 or Fax Inspection requests to 403-502-8036 Allow 24hrs for processing prior to scheduling an inspection. Please have you permit number ready.

Type of Occupancy				Type of Work				
<input type="checkbox"/> Residential <input type="checkbox"/> Institutional <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Commercial <input type="checkbox"/> Apartment <input type="checkbox"/> Other: <input type="checkbox"/> Industrial <input type="checkbox"/> Multi-family				<input type="checkbox"/> New <input type="checkbox"/> Conversion <input type="checkbox"/> Addition <input type="checkbox"/> Temp. Service <input type="checkbox"/> Renovation <input type="checkbox"/> Furnace Replacement				
Permit #		Permit #		Permit #		Permit #		
Heating & Ventilation				Plumbing		Gas		
Warm Air Heating				Description of work		Equipment Installation		
				Qty		Qty		
Furnace Mfg	Model #	BTU	Qty	Kitchen Sinks		Heating Appliance		
				Water Closets		Boiler		
				Baths		Hot Water Tank		
Boiler Mfg	Model #	BTU	Qty	Wash Basins		Range		
				Urinals		Fireplace		
Metal Vent or Masonry? Vent Size:				Slop Sinks		Deep Fat Fryer		
Is Outside Air Being Circulated?				Laundry Tubs		Unit Heater		
No. Supply Ducts				Shower Baths		Radiant Tube Heater		
No. R.A. Ducts				Drinking Fountains		Meter Relocate	L(Gal)	
R.A. Grill Free Area				Floor Drains		Laundry Dryer	L(Gal)	
Ducts Encased in Concrete				Auto Washers		Barbeque		
Residential Ventilation				Dish Washer		Garage Heater	Fee \$	
Primary Ex. Model CFM				Weeping Tile		Secondary Service Line	Remarks (SCO use only):	
Bathroom Ex. Model CFM QTY				Grease Inceptors		Other		
Commercial Ventilation				Lawn Sprinkler System				
Direct Fired Make Up Heaters				Roof Drains		Total No. of Outlets		
Manufacturer Model QTY				Backflow Preventors		Total BTU's		
Restaurant Hoods Electric Heat				Other:		Fee \$	Date of Inspection	
Monoxide Exhaust						Temp Permit #	SCO Initial	
Other Exhaust Systems						Remarks (SCO use only):		
				# of Fixtures:				
Total Heat Loss BTU				Fee \$				
Heating Fee \$								
Ventilation Fee \$								
Total Fee \$						Invoice #		

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. The personal information on this form is being collected for the purpose of a Mechanical Permit Application under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, and is protected by the Act. If you have any questions about the information being collected, contact the City Of Medicine Hat FOIP Head at 529-8234

PERMIT HOLDER NAME & NO. _____ SIGNATURE _____ AUTHORIZATION _____

Type of Device <input type="checkbox"/> RP <input type="checkbox"/> DCVA <input type="checkbox"/> SCVA <input type="checkbox"/> PVB <input type="checkbox"/> SRPVB	Make	Model	Size	Serial number	Install date MM DD YYYY
Installation on what system <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Other _____			Location of Assembly (ie. Room Number, Building)		

