



Date: _____

Contractor/Homeowner: _____ Phone #: _____ Fax #/E-mail: _____

Installation Location: _____

Owner's Name: _____ Owner's Phone #: _____

**A permit must be issued before commencing work. All work and portions thereof must be inspected.
Phone the Automated Inspection Line at 403-529-8208 or Fax inspection requests to 403-502-8038.
Allow 24hrs for processing prior to scheduling an inspection. Please have your 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"/> Addition <input type="checkbox"/> Renovation				<input type="checkbox"/> Conversion <input type="checkbox"/> Temp. Service <input type="checkbox"/> Furnace Replacement			
Permit #				Permit #		Permit #		Permit #				
Heating & Ventilation				Plumbing		Gas		Water & Sewer Service as per Environmental Bylaw 3117				
Warm Air Heating				Description of work		Equipment Installation		Details				
Furnace Mfg	Model #	BTU	Qty	Kitchen Sinks		Heating Appliance		Size of San Sewer				
				Water Closets		Boiler		Size of Storm Sewer				
				Baths		Hot Water Tank		Type of Piping Used				
Boiler Mfg	Model #	BTU	Qty	Wash Basins		Range		Catch Basins				
				Urinals		Fireplace		Manholes				
Metal Vent or Masonry? Vent Size:				Slop Sinks		Deep Fat Fryer		Size of Water Service				
Is Outside Air Being Circulated?				Laundry Tubs		Unit Heater		Type of Piping Used				
				Shower Baths		Radiant Tube Heater		Number of Hydrants				
				Drinking Fountains		Meter Relocate		Holding Tank		L(Gal)		
				Floor Drains		Laundry Dryer		Septic Tank		L(Gal)		
Residential Ventilation				Auto Washers		Barbeque						
Primary Ex. Model			CFM	Dish Washer		Garage Heater		Fee \$				
Bathroom Ex. Model			CFM QTY	Weeping Tile		Secondary Service Line		Remarks (SCO use only):				
HRV Model				Grease Inceptors		Other						
Commercial Ventilation				Lawn Sprinkler System		Total No. of Outlets						
Direct Fired Make Up Heaters				Roof Drains		Total BTU's						
Manufacturer			Model QTY	Backflow Preventors		Fee \$						
Restaurant Hoods Electric Heat				Other:		9.36 Compliance		Model	Capacity or input kW	Min Performance		
Other Exhaust Systems				# of Fixtures:		Furnace						
				Fee \$		Air Conditioning						
Heating Fee \$						Service Water Heating						
Ventilation Fee \$						Remarks (SCO use only):						
Total Fee \$												

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 403-529-8234

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)			