



TOWN OF OKOTOKS MULTI UNIT HVAC CONSTRUCTION APPLICATION

APPLICATION NUMBER:

APPLICATION DATE: 

Safety Codes Services • Town of Okotoks Box 20 5 Elizabeth St Okotoks AB T1S 1K1 • Ph 403-938-8916 • Fax 403-938-7387 • safetycodes@okotoks.ca

HEATING VENTILLATION & AIR CONDITIONING New Construction Alteration/Renovation

1. PROJECT LOCATION

MUNICIPAL ADDRESS	Street Number	Street Name	City/Town	Province	
	<input type="text"/>	<input type="text"/>	OKOTOKS	AB	
LEGAL DESCRIPTION	Lot	Block	Plan	Zoning	Roll Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. APPLICANT/SUBCONTRACTOR

NAME	Last Name/Company	First Name		
	<input type="text"/>	<input type="text"/>		
MAILING ADDRESS	Street Name	City/Town	Province	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT NUMBER	Contact Number(Office)	Fax Number	Email Address	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

3. REGISTERED PROPERTY OWNER

PROPERTY OWNER	Last Name/Company	First Name			
	<input type="text"/>	<input type="text"/>			
MAILING ADDRESS	Street Number	Street Name	City/Town	Province	Postal Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT NUMBERS	Contact Number (Office)	Fax Number	Email Address		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

4. CLASSIFICATION

CLASSIFICATION Residential No. of Units Storey(s)

Mixed Use No. of Units Storey(s)

GENERAL CLASSIFICATION New Building Existing Building

DESCRIPTION OF WORK

Type of Work New Reno Addition Connect Only Other

HVAC - VENTILATION DESIGN FOR HEAT LOSS CALCULATIONS

- Hydronic Heating System - submit design requirements - Standata 06-BCI-012
- Solid fuel burning appliance - submit approved installation guide

Estimated value of Construction \$ *Declaration of construction cost must be completed.
I hereby certify this installation will be completed in accordance with the Safety Code Act and Regulations.*

I/We hereby make Application under the provisions of the Safety Codes Permitting Bylaw and Amendments thereto, in accordance with the Safety Codes Act, Applicable Regulations, Town Bylaws and supporting Information submitted herewith which form a part of this Application.

The information is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used for purposes related to the administration of the Safety Codes Programs. Should you have any questions regarding the collection of information please contact the FOIP Coordinator at foip@okotoks.ca or 403-938-8944.

5. APPLICANT'S SIGNATURE Property Owner Authorized Agent (Authorization Letter Required)

Printed Name	Last Name	First Name	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Signature	Signature	Contact Number	Extension
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Certification No. (i.e. Sheet Metal Mechanical)	Corporate Title	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	