



TOWN OF OKOTOKS COMMERCIAL/INDUSTRIAL/INSTITUTIONAL HVAC CONSTRUCTION APPLICATION

PERMIT NUMBER:

APPLICATION DATE: 

Safety Codes Services • Town of Okotoks Box 20 5 Elizabeth St Okotoks AB T1S 1K1 • Ph 403-995-6304 • permits@okotoks.ca

HEATING VENTILLATION & AIR CONDITIONING:

- New Construction Addition Repair Interior Alteration Exterior Alteration

1. PROJECT LOCATION

MUNICIPAL ADDRESS	Unit / Bay Number	Street Number	Street Name	City/Town	Province
				OKOTOKS	AB
LEGAL DESCRIPTION	Lot	Block	Plan	Zoning	Roll Number
	<small>**Mandatory Field**</small>				

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	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> INSTITUTIONAL
Proposed Use of Premise	<input type="text"/>		
Previous Use of Premise	<input type="text"/>		

DESCRIPTION OF WORK

Type of Work New Reno Addition Connect Only Other

Estimated value of Construction \$

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 Program. 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 (Letter required if applicable)

Printed Name	Last Name	First Name	Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant's Signature	Signature	Contact Number (If different from above)	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"/>	



MASTERCARD / VISA AUTHORIZATION FORM

Town of Okotoks, PO Box 20 Stn. Main, (5 Elizabeth St.), Okotoks AB, T1S 1K1 ■ Phone: 403.938.4404 ■ Fax: 403.938.7387

- Building Electrical Plumbing Gas
- Business License Dog License
- Certificate of Compliance Economic Development
- Community Services Environmental Assessment Inquiry
- Development Permit FOIP Request

The Town of Okotoks, in accordance with the Payment Card Industry security standards, has taken measures to protect your payment card information. We are required to delete applications submitted with credit card information by unsecured methods such as fax or email. MasterCard / Visa transaction amount shall not exceed \$5,000. Note that partial payments are not accepted for any licenses or permits; you must pay the fee in full when you apply or renew by other acceptable means (cash or cheque). Taxes and utilities balances cannot be paid by credit card.

Card Holder: _____

Amount: _____

MasterCard Number: _____

Visa Number: _____

Expiry Date: _____

Phone Number: _____

Email: _____

CVV: **PLEASE NOTE: Town of Okotoks staff will contact you for your credit card CVV number when ready to proceed with payment processing.**

Authorized Signature: _____

The personal information on this application is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) for the purpose of processing MasterCard / Visa transactions within the Town of Okotoks. The information provided will be used exclusively for the purpose indicated on the application. Should you have any questions or concerns regarding the collection of this information, please contact the FOIP Coordinator at foip@okotoks.ca or 403.938.8944.

For Office Use Only

Authorized by: _____ Date: _____ Receipt # _____