

## HVAC PERMIT APPLICATION CONTRACTOR

Street Address: Project Legal Description:		OFFICE USE ONLY  Application Received Date:			
					Plan
Block		Master Project Number:			
Lot		Muster Project Number.			
PROPERTY OWNER NAME:		Address:	Postal Code:		
City:					
CONTRACTOR COMPANY NAM	 E:		City of Leduc Bus. Lic. #		
Address: City:					
			(Approved Permit and Reports will be sent to this address)		
upon completion of the installation. No Contractor from full responsibility for the Act. I am the certified master election of the Act. I am the certified waster election. Journeyman Sheet Metal Worker Name Journeyman Sheet Metal Worker #: _	carrying out the work ctrician who represents	c in accordance with the Safety Coc s the Contractor.	des Act, Codes, and	d Regulations pursuant to	
Signature:		Date:	Date:		
USE OF OCCUPANCY: Comm		☐ Institutional / Government ration ☐ Replacement	Residential: 🔲 [	Dwelling Apartment	
HEATING TYPE:					
NO. MAKE OF U	INIT OR OTHER INSTA	ALLATION	BTU		
Additional Information:					

FOIP Statement: The personal information requested on this form is being collected under the *Safety Codes Act* and the *Municipal Government Act* for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The information is being collected in accordance with Section 33 (c) of the *Freedom of Information and Protection of Privacy Act*. NOTE: The name of the permit holder and the nature of the permit is available to the public upon request. Questions regarding the collection of this personal information may be directed to the City Clerk at (780) 980-7177 at #1 Alexandra Park, Leduc, AB, T9E 4C4