



DEVELOPMENT SERVICES (Edmonton Tower)
 2nd Floor, 10111 – 104 Avenue NW
 EDMONTON, AB T5J 0J4
 PHONE: 311 or if outside of Edmonton 780-442-5311
 EMAIL: mechanicalpermits@edmonton.ca

HEATING & VENTILATION PERMIT

DATE: _____ PROJECT Number: _____
 COMBO Project Number: _____

CONTRACTOR INFORMATION:	CITY CUSTOMER ID # (If known): _____
CONTRACTOR'S COMPANY NAME: _____	
CONTRACTOR'S ADDRESS: _____ Postal Code _____	
PHONE NUMBER: _____ CELLULAR: _____	
EMAIL (mandatory): _____ - Inspection Results will be sent to this email	
CONTRACTOR'S SIGNATURE: _____	

Personal Information required by City of Edmonton application forms is collected under authority of sections 33(a) and (c) of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act. Your personal information will be used to process your application(s). Please be advised that your name, address and details related to your permit may be included on reports that are available to the public as required or allowed by legislation. If you have any questions, please contact a Service Advisor at the Edmonton Service Centre at 780-442-5054.

WORK SITE INFORMATION:	
WORK SITE ADDRESS: _____	FLOOR NO: _____
BAY NO: _____	PROJECT NAME (mandatory): _____
JOB SITE CONTACT: NAME _____	PHONE NUMBER: _____
BUILDING USE:	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MULTI FAMILY Dwellings <input type="checkbox"/> RESIDENTIAL Dwellings (Single Detached Dwellings Only)
OWNER / OCCUPANT: _____	PHONE NUMBER: _____
**NOTE: Safety Codes Officers entering into any worksite (including occupied homes) are required to wear approved footwear for safety reasons.	

JOB INFORMATION:	
TYPE OF WORK:	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> ALTERATION
TYPE OF INSTALLATION:	<input type="checkbox"/> COMBO HVAC <input type="checkbox"/> HVAC <input type="checkbox"/> SOLAR THERMAL # of installations: _____ <input type="checkbox"/> GEOEXCHANGE <input type="checkbox"/> KITCHEN EXHAUST / MAKE UP AIR <input type="checkbox"/> SPRAY BOOTH / MAKE UP AIR
NUMBER OF APPLIANCES: _____	<input type="checkbox"/> FORCED AIR <input type="checkbox"/> HYDRONIC <input type="checkbox"/> SHEET METAL
ARE YOU COMPLETING THIS WORK AT A HEALTH CARE FACILITY? (Y/N): _____	
INSTALLATION COMMENTS (mandatory): _____	

RESPONSIBILITY OF THE HVAC / MECHANICAL CONTRACTOR – Neither the granting of a permit, nor the review of plans and specifications, nor inspections by a Safety Codes Officer shall in any way relieve the contractor from full responsibility for carrying out the work in strict accordance with the Safety Codes Act and the Alberta Building Code 2014.

FOR HYDRONIC / GEOEXCHANGE INSTALLATIONS THE CONTRACTOR SHALL INCLUDE A SITE SPECIFIC DRAWING ,HEAT LOSS & EQUIPMENT LIST FROM A CERTIFIED DESIGNER PRIOR TO PERMIT ISSUE

PERMITS MUST BE OBTAINED BEFORE COMMENCING WORK	PERMIT FEE	\$.
	SAFETY CODE FEE	\$.
	TOTAL FEE	\$.

Permits fees must be paid at the time of application. We accept cash, debit, cheque or credit card.
 If applying by email, or mail, a service representative will call you to advise you of your fees.

Office hours are Monday to Friday 8 a.m. to 4:30 p.m. The office is closed on statutory holidays.

Please note that the City of Edmonton, in accordance with the Payment Card Industry, 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 mail or email.

Jan, 2019