Gas Permit - Details for Furnace Replacement Application

Details for installation of other gas-fired appliances

Project Address:								
List all gas-fired appliances that will remain or be newly installed in the dwelling at the me of inspection.								
GAS WATER HEATER	none	remains unchanged	new gas water heater proposed					
Vent: B-Vent	ULC-S636	Input Btu/h:	Output Btu/h:					
NEW Make and Model	:							
GAS FIREPLACE none		remains unchanged new gas fireplace proposed						
Vent: B-Vent	Concentric Flex	Vent diam: "	Combustion air diam:					
		Input Btuh:	Output Btuh:					
NEW Make and Model	:							
GAS CLOTHES DRYER	none	remains unchanged	new gas clothes dryer proposed					
Vent: Rigid	Flex	Vent diam: "	Confirm vent to exterior					
GAS COOKTOP/RANGE	none	remains unchanged	new gas cooktop and/or oven proposed					
Vent: None	Direct to exterior	Vent diam: "						
OTHER Specify and provide details at the end of this form.								
GAS FURNACE 1 new forced air furnace proposed >1 new furnace: provide additional details at end of form.								
Vent ULC-S636 diam:	" Sin _{	gle pipe 2-pipe	Heating equipment must be sized to					
Vent termination:	Concentric kit	2-pipe kit	maintain a design temperature of 22°C in finished spaces while covering					
NEW Make and Model	:	100% of heat losses, but not exceeding 130% of heat losses.						
Input Btuh: Output Btuh:								
Btuh Heat Loss Total:								

Note: Inspection begins with a walk around building perimeter to view all exhaust terminations, including flue gas vents, in relation to fresh air and combustion air inlets. Have a tape measure and flashlight available for RVI.

City of Edmonton

Development Services Branch Safety Codes, Permits and Inspections 3rd F E

Floor, Edmonton Tower 10111 104 Avenue NW	Edmonton
dmonton AB T5J 0J4	Comonton
edmonton.ca or 311	

I hereby decla	re that:						
I am the	Contractor	Homeowner	responsible for th	e premises in which the work will be conducted; I assume			
responsibility for compliance with all applicable Acts, Codes & Regulations; information provided on and with this form is, to							
the best of my knowledge, true and complete; new equipment commissioning reports will be provided for review at time of							
Final Inspection; and depressurization check calculations or test results will be provided for review at time of Final Inspection.							
				Date:			
Type name to	sign OR print fo	orm and sign					

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