



Department of Environment and Labour  
Fuel Safety Section

If you require assistance, please call  
(902) 424-5721 or 1-800-559-3473, or  
see <http://www.gov.ns.ca/snsmr/forms/>

**PROVINCE OF NOVA SCOTIA**  
DEPARTMENT OF ENVIRONMENT AND LABOUR  
**Fuel Safety Section**

OFFICE USE ONLY
FILE # _____
PERMIT # _____
ISSUANCE DATE: _____

**Fuel Safety Permit Application Form**  
(under section 14 of the Fuel Safety Regulations)

**All sections must be filled out completely to facilitate processing. (Please print clearly)**

**Company Name:** \_\_\_\_\_

**Fuel Safety Licence Number:** \_\_\_\_\_

**Location of Installation:**

**Civic Address: (Not PO Box)**

Street #	Street Name	Unit/Suite/Apt #	
City/Town/County	Province	Country	Postal Code

**Name of Building (if multiple tenants):** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**Installation in a Personal Residence**

**Installation Information:**

**Type of Installation:**     New     Existing     Removal     Cylinder Storage Cabinet     Tank Change

**Type of Application:** (Check all appropriate):

- |  |  |
|--|--|
| <b>Category I</b>                        | <b>Category II</b>   |
| <input type="checkbox"/> Heating         | <input type="checkbox"/> Dispenser                                   |
| <input type="checkbox"/> Laundry         | <input type="checkbox"/> Plant                                       |
| <input type="checkbox"/> Industrial      | <input type="checkbox"/> Digester or landfill gas facility           |
| <input type="checkbox"/> Water Heating   | <input type="checkbox"/> Propane cylinder storage location           |
| <input type="checkbox"/> Cooking         | <input type="checkbox"/> Natural gas vehicle refuelling station      |
| <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Field approved equipment (subsection 11(4)) |

**BTU Load:** (Category I Applications)  
(Note: If a single appliance input exceeds 400,000 BTU's a Gas Fitter I is required to install the appliance.)

New or Existing Load: \_\_\_\_\_ BTUs

Addition to/Deletion from Existing Load : (+ -) \_\_\_\_\_ BTUs

Total System Load on Completion: \_\_\_\_\_ BTUs

If Applicable: Total Heating Load: \_\_\_\_\_ BTUs

**Installation Information:** (continued)

**Fuel Type:**     Propane     Natural Gas     Digester Gas/Landfill Gas

**Piping:**         Yes     No

**Propane Storage** (if applicable):

**Cylinders**

Quantity: \_\_\_\_\_ Cylinders

Volume: \_\_\_\_\_ lbs

Total Cylinder Aggregate Storage Capacity: \_\_\_\_\_ lbs

Metered:         Yes     No

**Tanks**

Quantity: \_\_\_\_\_ Tanks

Volume: \_\_\_\_\_ uswg

Total Tank Aggregate Storage Capacity: \_\_\_\_\_ uswg

Vertical Storage Tanks:  Yes     No

Vapourizer:     Yes     No

Metered:         Yes     No

**Plans & Specifications:** Submissions are required to accompany permit applications for:

(Refer to sections 12 & 13 of Fuel Safety Regulations for details)

- Total system loads of 3,000,000 BTUs or greater
- Any Category II Applications
- Vertical or horizontal storage tanks of 1,700 uswg or greater

**Scope of Work:**

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## Permit Fees

### Fees:

- Cylinder Storage Cabinet only - \$27.57
- Total System Load less than or equal to 3,000,000 - \$27.57
- Alterations or modifications to a propane bulk plant - \$55.14
- Building a new propane bulk plant - \$0.0055/uswg of total storage
- Installation or alterations to a natural gas vehicle refuelling station - \$54.14
- Installation or alteration of a propane dispenser having less than 5000 uswg aggregate capacity - \$56.87
- Installation or alteration of a propane dispenser having more than 5000 uswg aggregate capacity - contact Chief Inspector for fee
- Installation or alteration to a digester gas or landfill gas facility – contact Chief Inspector for fee
- Total System Load is over 3,000,000 - Please refer to Fuel Safety Regulations Section 58 for Fee structure

### Payment Type:

Cheque

Money Order

Cheque or money order must be made payable to the  
*Minister of Finance.*

All payments must be in Canadian funds.

Post-dated cheques will not be accepted.

VISA

MasterCard

American Express

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp. (mm/yy)

\_\_\_\_\_  
Card Holder's Name (as on card)

\_\_\_\_\_  
Card Holder's Signature

**Amount:** \$ \_\_\_\_\_

(All fees are non-refundable.)

Name (*Please Print*): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(DD/MM/YYYY)

Contact Phone #: \_\_\_\_\_

*If mailing this form back to us, please return it to:*

**Nova Scotia Business Registry**  
**P.O. Box 1529, Halifax, NS B3J 2Y4**