



Labour and Advanced Education  
Technical Safety Division

If you require assistance, please call  
(902) 424-3200 or  
toll free in NS (844) 424-3200, or  
See [www.novascotia.ca/lae](http://www.novascotia.ca/lae)

**PROVINCE OF NOVA SCOTIA**  
**LABOUR AND ADVANCED EDUCATION**  
**Fuel Safety Section**

<b>OFFICE USE ONLY</b>	
FILE #	_____
PERMIT #	_____
ISSUANCE DATE:	_____

**Fuel Safety Permit Application Form**

(under section 18 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 #
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City / Town / County	Province	Postal Code
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**Name of Building (if multiple tenants):** \_\_\_\_\_

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

**Installation in a Personal Residence**

**Installation Information:** (circle)

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

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

**Category I**

- Heating
- Laundry
- Industrial
- Water Heating
- Cooking
- Other (specify)

**Category II**

- Dispenser
- Plant
- Digester or landfill gas facility
- Propane cylinder storage location
- Natural gas vehicle refueling station
- 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 Only:**    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 19 of Fuel Safety Regulations for details)*

- Total system loads of 3,000,000 BTUs or greater
- Any Category II Applications
- Foundation and supports for a vertical propane tank or for a horizontal tank with a capacity of greater than 1700 uswg

**Scope of Work:**

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## Permit Fees

### Fees:

- Cylinder Storage Cabinet only - **\$31.20**
- Total System Load less than or equal to 3,000,000 - **\$31.20**
- Alterations or modifications to a propane bulk plant - **\$62.50**
- Building a new propane bulk plant - **\$0.0062/uswg** of total storage
- Installation or alterations to a natural gas vehicle refueling station - **\$62.50**
- Installation or alteration of a propane dispenser having less than 5000 uswg aggregate capacity - **\$64.45**
- 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 Technical Safety Fee Regulations Section 7(8) for Fee structure at <https://www.novascotia.ca/just/regulations/regs/tsfees.htm>

### 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, please return it to:**

**Nova Scotia Business Registry  
PO Box 1529  
Halifax, NS B3J 2Y4**

**Or Fax (902) 424-0602**