



Government Services

# APPLICATION FOR PERMIT TO INSTALL OR ALTER A PRESSURE SYSTEM

P. O. Box 8700  
St. John's, NL A1B 4J6  
Tel: (709) 729-2746  
Fax: (709) 729-2071

TELEPHONE	DATE OF APPLICATION	
NAME OF APPLICANT	CONTRACTOR'S LICENSE NO.	
MAILING ADDRESS (IN FULL)		
		POSTAL CODE
OWNER OF SYSTEM		
LOCATION		
DESCRIPTION OF WORK		
DESIGN REGISTRATION NO. (if available)		

**PIPING SYSTEMS**

TYPE	SIZE - DIAMETER & LENGTH OF PIPE	PRESSURE kPa	TYPE	SIZE - DIAMETER & LENGTH OF PIPE	PRESSURE kPa
STEAM			COMPRESSED AIR		
HOT WATER			HOT OIL		
REFRIGERATION			PROPANE		
MEDICAL GAS			OTHER (Specify)		

**EQUIPMENT INSTALLATION**

If Contractor's Specifications and drawings are also submitted, enter size and pressure only below.

TYPE	SIZE	PRESSURE	MANUFACTURER	CRN	USED
BOILER					<input type="checkbox"/> YES <input type="checkbox"/> NO
PRESSURE VESSEL					<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER (Specify)					<input type="checkbox"/> YES <input type="checkbox"/> NO

TRADESPERSON \_\_\_\_\_ NO. OR SYMBOL \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WELDING PROCEDURE REGISTRATION NO. \_\_\_\_\_

WORK TO COMMENCE ON \_\_\_\_\_ AND BE COMPLETED ABOUT \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

*Permit fee must accompany application. Make cheque or money order payable to Newfoundland Exchequer Account.*

Payment Received \_\_\_\_\_

**FOR OFFICE USE ONLY**

DRAWING REGISTRATION REQUIRED  YES  NO  
AFFIDAVITS REQUIRED  YES  NO  
INSPECTION REQUIRED  YES  NO  
SECTION 48 REQUIREMENTS MET  YES  N/A

**PERMIT INFORMATION**

ISSUED TO \_\_\_\_\_  
OF \_\_\_\_\_  
SCOPE \_\_\_\_\_  
LOCATION \_\_\_\_\_  
PRESSURE \_\_\_\_\_ kPa  
DATE \_\_\_\_\_ PER \_\_\_\_\_  
PERMIT NO. \_\_\_\_\_

**INSPECTION INFORMATION**

INSPECTOR \_\_\_\_\_

TYPE	DATE	STATUS	INITIAL
FIRST INSPECTION	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
START-UP INSPECTION	_____	_____	_____

JOB COMPLETED AND FILED \_\_\_\_\_

FILE NO.: PP \_\_\_\_\_

**NOTES** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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