



Town of  
**Bon Accord**  
building for tomorrow

**Town of Bon Accord**  
PO Box 779  
BON ACCORD AB T0A 0K0  
Phone: 780 921 3550  
Fax: 780 921 3585  
www.bonaccord.ca

**The Inspections Group Inc.**  
12010 – 111 Avenue  
EDMONTON AB T5G 0E6  
Phone: 780 454 5048 Toll Free: 1 866 554 5048  
Fax: 780 454 5222 Toll Free: 1 866 454 5222  
www.inspectionsgroup.com

## GAS PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: ☐ Homeowner ☐ Contractor

Cost of Installation (Labour & Material) \$

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

Owner Name: Mailing Address:

City: Prov: Postal Code: Phone: Fax:

Cell: Email:

**Owner's Signature / Declaration (Single Family Residential Only)**

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Company Name: Mailing Address:

City: Prov: Postal Code: Phone: Fax:

Cell: Email:

Installer's Number

Print Installer's Name

Installer's Signature

**Project Location in the Town of Bon Accord:**

Street Address: Tax Roll #:

Legal Subdivision: Part of: Section: Township: Range: West of:

Subdivision Name: Lot: Block: Plan:

Directions:

**TYPE OF OCCUPANCY:**

- ☐ Residential  
☐ Farm/Ranch  
☐ Commercial  
☐ Industrial  
☐ Oilfield/Gas  
☐ Institutional  
☐ Mobile  
☐ Manufactured

**NUMBER OF OUTLETS:**

Furnace \_\_\_\_\_  
Water Heater \_\_\_\_\_  
Fireplace \_\_\_\_\_  
Dryer \_\_\_\_\_  
Unit Heater \_\_\_\_\_  
Range \_\_\_\_\_  
Room Heater \_\_\_\_\_  
Boilers \_\_\_\_\_  
Conversion \_\_\_\_\_  
Replacement Appliance \_\_\_\_\_  
Secondary Risers \_\_\_\_\_  
Barbeque \_\_\_\_\_  
Other \_\_\_\_\_

**COMMERCIAL/INDUSTRIAL APPLICATION ONLY:**

Total BTU \_\_\_\_\_

Name of Gas Supplier \_\_\_\_\_

**DESCRIPTION OF WORK FOR ALL GAS PERMITS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPANE INSTALLATION:**

No. of Tanks \_\_\_\_\_

Tank Size \_\_\_\_\_

Serial # \_\_\_\_\_

- ☐ Vaporizer  
☐ Refill Centre  
☐ Service Line from Tank to Building  
☐ Temporary Heat

I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested may be charged at a rate of \$100 per inspection. (plus Levy)

(Applicant Signature)

Rough In and/or Final  
☐ Accept ☐ Accept ☐ Other: \_\_\_\_\_  
☐ Decline ☐ Decline  
(Select ONE at minimum)

\*Additional inspections may be charged at \$100/ Inspection (plus Levy)

Payment Type: ☐ Cash ☐ Cheque ☐ C/C Agreement ☐ Interac

Permit Fee: \$ \_\_\_\_\_

+ SCC Levy\*: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

\*\$4.50 or 4% of the permit fee maximum \$560.00

**TIGI OFFICE USE ONLY**

Issuing Officer's Name: \_\_\_\_\_

Issuing Officer's Signature: \_\_\_\_\_

Designation Number: \_\_\_\_\_

Permit Issue Date: DD / MMM / YYYY

**PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS  
ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.**

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.