

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 expires 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: <input type="checkbox"/> Residential <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Oilfield/Gas <input type="checkbox"/> Institutional <input type="checkbox"/> Mobile <input type="checkbox"/> 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 _____ _____	PROPANE INSTALLATION: No. of Tanks _____ Tank Size _____ Serial # _____ _____
		DESCRIPTION OF WORK FOR ALL GAS PERMITS: _____ _____ _____ _____ _____	<input type="checkbox"/> Vaporizer <input type="checkbox"/> Refill Centre <input type="checkbox"/> Service Line from Tank to Building <input type="checkbox"/> 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)

Rough In and/or Final

<input type="checkbox"/> Accept	<input type="checkbox"/> Accept	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Decline	<input type="checkbox"/> 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.