Village of Andrew PO Box 180 ANDREW AB TOB 0C0 Phone: 780 365 3687 Fax: 780 365 2061 www.villageofandrew.net andrew@mcsnet.ca		<sup>-</sup> 0B 0C0 3687 061 drew.net t.ca	The Inspections Group Inc. 12010 – 111 Avenue NW EDMONTON AB T5G 0E6 Phone: 780 454 5048 / 1 866 554 5048 Fax: 780 454 5222 / 1 866 454 5222 www.inspectionsgroup.com questions@inspectionsgroup.com	
GAS PERMIT APPLICATION FORM				
Application Date: DD / MMM / YYYY Estimated Project Completion Date: DD / MMM / YYYY				
	Homeowner	-	Cost of Installation (Labour & I	
The Permit Holder hereby certif	ies that this installation will be completed in	accordance with the Alberta Safet	ty Codes Act. Section 25(1) of the Permit Regulation states od of 120 days." An extension can be considered when app	: "A permit expires if the undertaking to which it
		· ·	ailing Address:	
			Phone:	
		Cell:	Email:	
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 Village of Andrew:				
-	-			
	Part of: Soction		ship: Range:	West of:
			Range Block: Plan:	
	I			
TYPE OF OCCUPANCY:	NUMBER OF OUTLETS:	COMM ONLY:	IERCIAL/INDUSTRIAL APPLICATION	PROPANE INSTALLATION:
Residential	Furnace	Total B	BTU	No. of Tanks
	Water Heater			
Farm/Ranch	Dryer		of Gas Supplier	Tank Size
Commercial	Unit Heater			Serial #
Industrial			RIPTION OF WORK FOR ALL GAS	
Oilfield/Gas	Boilers	PERM	113.	Vaporizer
	Conversion			Refill Centre
Institutional	Replacement Appliance Secondary Risers	<b> </b>		Service Line from Tank
Mobile	Barbeque			to Building
Manufactured	Other			Temporary Heat
Payment Type: Cash Cheque C/C Agreement Interac TIGI OFFICE USE ONLY				
Permit Fee: \$			Issuing Officer's Name:	
+ SCC Levy*: \$			Issuing Officer's Signature:	
		Receipt #:	Designation Number:	
*\$4.50 or 4% of the permit fee maximum \$560.00		(000ipt #	Permit Issue Date: DD / MMM / YYYY	

REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC. PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING TWO 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.