

Summer Village of Castle Island

#7 Delwood Place
 ST ALBERT, AB T8N 6Y5
 Phone: (780) 418-8348
 Fax: (780) 419-2476

The Inspections Group Inc.

12010 – 111 Avenue NW
 Edmonton AB T5G 0E6
 Phone: 780 454-5048 / Toll Free: 866 554-5048
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 www.inspectionsgroup.com

GAS PERMIT APPLICATION FORMApplication Date: DD / MMM / YYYYEstimated Project Completion Date: DD / MMM / YYYYApplicant 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. Section 25(1) of the Permit Regulation states: "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 Summer Village of Castle Island:

Street Address: _____

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

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

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 Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.