

GAS COMPLIANCE MONITORING APPLICATION

Please fax this completed form to The Inspections Group Inc. at: 780 454 5222 or email to questions@inspectionsgroup.com

Application Date:

Project Value: ____ The Inspections Group Inc. U of A Project Manager: 12010 – 111 Avenue Applicant Phone: EDMONTON Alberta T5G 0E6 C File Number: Phone: 780 454 5048 (provided by U of A Project Manager) Fax: 780454 5222 Permit Number: ___ (will be assigned by esite) **NUMBER OF OUTLETS** COMMERCIAL/INDUSTRIAL PROPANE INSTALLATION **TYPE OF OCCUPANCY Furnace** No. of Tanks Total BTUs Water Heater □ Institutional Tank Size _____ Fireplace Dryer Serial # Unit Heater □ Residential Name of Gas Supplier □ Vaporizer Range Room Heater ☐ Refill Centre # of Cylinders ☐ Farm/Ranch **Boilers** □ Service Line from Tank to Description of Work: Conversion Building Replacement Appliance_____ □ Commercial # Secondary Risers □ Temporary Heat Barbeque Other University of Alberta campus facility ☐ MAIN CAMPUS ☐ OTHER CAMPUS _____ Building Name: Floor Level: Location (Room #'s): Premises Occupied By (Department): ________Telephone #: ______ Brief Description of Installation: The Permit Holder hereby certifies that this installation will be completed with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. Installers Name: _____ Installer #: Applicant / Contractor Name: ____ City: Postal Code: Phone #: Fax #: Signature:

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

Email address: ____

PHONE: (780) 454-5048 FAX: (780) 454-5222 questions@inspectinsgroup.com