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IDENTIFIER

GAS INSPECTION APPLICATION FORM

Application Date: _____

Estimated Project Completion Date: _____

Applicant Type: Homeowner Contractor

Cost of Installation (Labour & Material) \$ _____

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 Code"

Company Name: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

Installer's Number

Print Installer's Name

Installer's Signature

PROJECT LOCATION:

Municipality: _____ 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: \$ _____

Total Cost: \$ _____ Receipt #: _____

TIGI OFFICE USE ONLY

Issuing Officer's Name: _____
 Issuing Officer's Signature: _____
 Designation Number: _____
 Issue Date: _____

REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT ALLOWING TWO WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.