

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 _____

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 Parks Canada
 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 # _____ <input type="checkbox"/> Vaporizer <input type="checkbox"/> Refill Centre <input type="checkbox"/> Service Line from Tank to Building <input type="checkbox"/> Temporary Heat
		DESCRIPTION OF WORK FOR ALL GAS PERMITS: _____ _____ _____ _____	

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> C/C Agreement <input type="checkbox"/> Interac Permit Fee: \$ _____ Receipt #: _____	TIGI OFFICE USE ONLY Reviewing Officer's Name: _____ Reviewing Officer's Signature: _____ Designation Number: _____ Issue Date: _____
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