Kehewin Cree Nation
PO Box 220
Kehewin, AB T0A 1C0
Phone: (780) 826 3333
Fax: (780) 826 2355
www.kehewincreenation.com

The Inspections Group Inc.
110, 4910 – 50 Avenue
Cold Lake AB T9M 0G1
Phone: (780) 594 4301 Toll Free: (888) 853 6411
Fax: (780) 594 3720 Toll Free: (844) 750 3721
www.inspectionsgroup.com
questions@inspectionsgroup.com

GAS PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: ☒ **Contractor**

Cost of Installation (Labour & Material) $_____

Owner Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

_____ Cell: _____ Email: _____

Owner's Signature

Contractor 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 Kehewin Cree Nation:

House #: _____ 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

I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested will be charged at a rate of $150 per inspection.

_____
(Applicant Signature)

Rough In and Final
☒ Accept ☒ Accept ☐ Other: _____

***Re-inspection and additional inspections may be charged at$150/ Inspection**

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: _____

Permit Issue Date: DD / MMM / YYYY

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.

The personal information provided as part of this application is collected in accordance with the Freedom of Information and Protection of Privacy Act.