



**Summer Village of Kapasiwin**  
 Site 1, Box 157, RR 1  
 Onoway, AB T0E 1V0  
 Phone: 780 967 0271  
 Fax: 780 967 0431  
 www.kapasiwinalberta.com

**The Inspections Group Inc.**  
 12010 111 Avenue  
 Edmonton, AB T5G 0E6  
 Phone: 780 454 5048 Toll Free: 1 866 554 5048  
 Fax: 780 454 5222 Toll Free: 1 866 454 5222  
 www.inspectiongroup.com

**GAS PERMIT APPLICATION FORM**

**Application Date:** DD / MMM / YYYY

**Estimated Project Completion Date:** DD / MMM / YYYY

**Applicant 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. A permit may expire 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 Kapasiwin:**

**Street Address:** \_\_\_\_\_  
**Legal Subdivision:** Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
**Subdivision Name:** \_\_\_\_\_ **Lot:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Plan:** \_\_\_\_\_  
**Directions:** \_\_\_\_\_

<b>TYPE OF OCCUPANCY:</b> <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	<b>NUMBER OF OUTLETS:</b> (Number of Outlets) Furnace _____ Water Heater _____ Fireplace _____ Dryer _____ Unit Heater _____ Range _____ Room Heater _____ Boilers _____ Conversion _____ Replacement Appliance _____ Secondary Risers _____ Barbeque _____ Other _____	<b>COMMERCIAL/INDUSTRIAL APPLICATION ONLY:</b> Total BTU _____ Name of Gas Supplier _____	<b>PROPANE INSTALLATION:</b> 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
<b>DESCRIPTION OF WORK FOR ALL GAS PERMITS:</b> _____ _____ _____ _____			

**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 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 under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.