



Summer Village of Silver Beach

RR1 South, Site 1, PO Box 29
Thorsby, AB T0C 2P0
Phone: 780 389 4409
Fax: 780 401 3251
www.silverbeach.ca

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.inspectionsgroup.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 Silver Beach:

Street Address: _____ Tax Roll #: _____
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 (use description of work) _____

COMMERCIAL/INDUSTRIAL APPLICATION ONLY:

Total BTU _____
Name of Gas Supplier _____

DESCRIPTION OF WORK FOR ALL GAS PERMITS:

Seasonal: Yes No

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 may be charged at a rate of \$150 per inspection. (plus Levy)

Rough In and/or Final
 Accept Accept Other: _____
 Decline Decline
 (Select ONE at minimum)

(Applicant Signature) _____

***Additional inspections may be charged at \$150/ Inspection (plus Levy)**

Payment Type: Cash Cheque C/C Agreement Interac

TIGI OFFICE USE ONLY

Permit Fee: \$ _____

Issuing Officer's Name: _____

+ SCC Levy*: \$ _____

Issuing Officer's Signature: _____

Total Cost: \$ _____ Receipt #: _____

Designation Number: _____

*\$4.50 or 4% of the permit fee maximum \$560.00

Permit Issue Date: DD / MMM / YYYY

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.