



Summer Village of West Cove
 721 Walking Road
 West Cove, AB T0E 0A2
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 Fax: (780) 967 0431
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The Inspections Group Inc.
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 Edmonton AB T5G 0E6
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GAS PERMIT APPLICATION FORM

Building Permit #: _____

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 West Cove

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 _____ <small>(Describe in Description of Work)</small>	COMMERCIAL / INDUSTRIAL APPLICATION ONLY: Total BTU _____ Name of Gas Supplier _____ _____ _____ _____ _____ Seasonal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	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: _____ _____ _____ _____ _____ UTILITY COMPANY: _____ _____	

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. (plus Levy)

Rough In and/or Final
 Accept Decline Other: _____
 Accept Decline Other: _____

*Residential installations Select ONE at minimum
 *Additional inspections may be charged at \$150/ Inspection (plus Levy)

(Applicant Signature) _____

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 _____