



**MD of Willow Creek**  
 273129 Secondary Highway 520 West  
 Claresholm, AB T0L 0T0  
 Phone: 403-625-3351

Md26@willowcreek.com



## GAS PERMIT APPLICATION FORM

Development Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

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 MD of Willow Creek:**

Street Address: \_\_\_\_\_

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 \_\_\_\_\_

**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
- Annual Permit

Permit Fee: \$ \_\_\_\_\_

+ SCC Levy\*: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

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

**The Inspections Group Inc.**

2825 18 Avenue N

Lethbridge, AB T1H 6T5

Phone: 587-787-4143 Toll Free: 1-888-852-3558

Fax: 587-787-4142 Toll Free: 1-888-852-3557

south@inspectionsgroup.com

**PLEASE REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.**

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.