



County of Minburn No. 27

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The Inspections Group Inc.

12010 - 111 Avenue NW
EDMONTON AB T5G 0E6
Phone: 780 454 5048 Toll Free: 1 866 554 5048
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www.inspectionsgroup.com

GAS PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY
Estimated Project Completion Date: DD / MMM / YYYY
Tax Roll #:
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 may 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 County of Minburn:
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

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

Payment Type: Cash Cheque C/C Agreement Interac
Permit Fee: \$
+ SCC Levy\*: \$
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 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.