



Town of Bow Island
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The Inspections Group Inc
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 www.inspectionsgroup.com

Please submit all permit applications to south@inspectionsgroup.com for review and processing.

GAS PERMIT APPLICATION FORM

Development Permit Number: _____ **Estimated Project Completion Date:** _____
Building Permit Number (if applicable): _____ **Project Value (labour and material):** \$ _____
Applicant Type: Owner Contractor **Work:** has not started is in progress is complete

OWNER / APPLICANT: _____ **Mailing Address:** _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

CONTRACTOR: _____ **Mailing Address:** _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

PROJECT LOCATION:

Municipality: _____ Subdivision / Hamlet Name: _____
 Street Address: _____
 Legal Land Description: LSD: _____ Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Lot: _____ Block: _____ Plan: _____ Tax Roll Number: _____
 Directions: _____

BUILDING TYPE:

- Residential
- Commercial
- Industrial
- Institutional
- Agricultural
- Other (specify) _____

TYPE OF WORK:

- New Work
- Addition
- Renovation, Alteration
- Connection
- Temporary Heat
- Service
- Air Test
- Annual Permit
- Other (specify) _____

NUMBER OF OUTLETS:

- Furnaces _____
- Water Heaters _____
- Fireplaces _____
- Dryers _____
- Unit Heaters _____
- Boilers _____
- Ranges _____
- Secondary Gas Lines _____
- Other (specify) _____
- _____
- Total Outlets _____

SERVICE INFORMATION:

- Natural Gas Propane
- Project Total BTUs _____

PROPANE INSTALLATION:

- Number of Tanks _____
- Tank Sizes _____
- Serial Numbers _____

DESCRIPTION OF WORK: _____

Journey person's Name (print) _____ Journey person's Certificate Number _____ Journey person's Signature _____ Homeowner's Signature (homeowner permit only) _____
I hereby declare that I am the owner of the premises where the work will be conducted and/or currently reside or intend to reside on the property. I assume responsibility for ensuring compliance with the applicable Act and Regulations.

TIGI OFFICE USE ONLY

PAYMENT TYPE:

- Cheque Mastercard Visa AMEX Interac e-Transfer Invoice

Permit Fee: \$ _____
+ SCC Levy*: \$ _____
= Total Cost: \$ _____ **Receipt #:** _____

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

APPLICATION DETAILS:

Date Received: _____
Permit Number: _____