Town of Elk Point
PO Box 448
ELK POINT, AB T0A 1A0
Phone: (780) 724 3810
Fax: (780) 724 2762

www.elkpoint.ca

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 Including Equipment) $**

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A may permit 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 Town of Elk Point:

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	

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

Payment Type: ☐ Cash ☐ Cheque ☐ Interac ☐ M/C ☐ Visa

Permit Fee: $ _____

+ SCC Levy*: $ _____

Total Cost: $ _____ Receipt #: _____

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

The Inspections Group Inc.
#110, 4910 50 Avenue
COLD LAKE AB T9M 0G1
Phone: (780) 594 4301 / (888) 853 6411
Fax: (780) 594 3720 / (844) 750 3721

www.inspectionsgroup.com
questions@inspectionsgroup.com

PLEASE CONTACT THE INSPECTIONS GROUP INC. 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.