



Town of St. Paul
 Box 1480
 5101 - 50 Street
 St. Paul, AB T0A 3A0
 Phone: (780) 645 4481
 Fax: (780) 645 5076
 www.town.stpaul.ab.ca



GAS PERMIT APPLICATION FORM

Application Date: _____ Estimated Project Completion Date: _____

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 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 Town of St. Paul:
 Street Address: _____
 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 _____	COMMERCIAL/INDUSTRIAL APPLICATION ONLY: Total BTU _____ Name of Gas Supplier _____ _____	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 <input type="checkbox"/> ANNUAL PERMIT
		DESCRIPTION OF WORK FOR ALL GAS PERMITS: _____ _____ _____ _____	

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 Toll Free: (888) 853 6411
 Fax: (780) 594 3720 Toll Free: (844) 750 3721
 www.inspectionsgroup.com
 questions@inspectionsgroup.com

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC. 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.