

**COUNTY OF VERMILION RIVER**

Box 69
 Kitscoty, AB T0B 2P0
 Phone: (780) 846-2244
www.vermilion-river.com

THE INSPECTIONS GROUP

300 West, 14310 – 111 Ave.
 Edmonton, AB T5M 3Z7
 (780) 454-5048 or Toll Free: (866) 554-5048
www.inspectionsgroup.com

GAS PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor

Application Date (mm/dd/yyyy): _____ Estimated Start Date (mm/dd/yyyy): _____

Development Permit No.: _____ Estimated Completion Date (mm/dd/yyyy): _____

eSite Permit No.: _____ Value of Work (labor, materials & equipment): \$ _____

Owner Name (printed): _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

Email: _____ Phone #: _____

Contractor Name (printed): _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

Email: _____ Phone #: _____

Municipality: COUNTY OF VERMILION RIVER Street Address: _____

Lot: _____ Block: _____ Plan: _____ Subdivision/Hamlet Name: _____

Legal Subdivision: Part of _____ Sec: _____ Twp: _____ Range: _____ W4M Tax Roll #: _____

Directions: _____

TYPE OF OCCUPANCY:
 Single Family Residential
 Multi-Family Residential
 Farm
 Commercial
 Industrial
 Institutional
 Oil & Gas
 Other (specify): _____

TYPE OF WORK:
 New
 Addition
 Renovation
 Accessory Building
 Service Connection
 Manufactured/Modular
 Propane Tank – size: _____
 Propane Tank Set – manifolded: _____
 Temporary Service/Heat - # of units: _____
 Other (specify): _____

NUMBER OF OUTLETS:
FUEL TYPE: Natural Gas Propane
 Furnace: _____ Unit Heater: _____
 Water Heater: _____ Boiler: _____
 Fireplace: _____ BBQ: _____
 Dryer: _____ Range: _____
 Secondary: _____
 Other (specify): _____
 Total # of outlets: _____
 Project Total BTU: _____

Description of Work: _____

Certified Installer's Name _____ Certification No. _____ Certified Installer's Signature _____

Homeowner Signature: _____

I hereby declare that 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.

Permit Fee: \$ _____

+SCC Levy*: \$ _____

=TOTAL COST: \$ _____

Receipt #: _____

Payment Method: Credit Card Debit Cheque Cash

*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

APPLICATION DETAILS:

Application Date: _____

Agency File No.: _____

Permit Issuer's Name (print): _____ Permit Issuer's Signature: _____

Permit Issuer's Designation Number: _____ Date of Issue (mm/dd/yyyy): _____

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.**PLEASE CONTACT YOUR SELECTED SAFETY CODES AGENCY FOR INSPECTIONS ALLOWING 48 HOURS NOTICE FOR INSPECTION**

The personal information provided as part of this application is collected under the authority of the *Safety Codes Act*, the *Municipal Government Act*, and in accordance with the *Protection of Privacy Act (POPA)* and the *Access to Information Act (ATIA)*. This information is required and will be used for issuing permits, verifying and monitoring compliance with safety codes, and for property assessment purposes. The name of the permit holder and the nature of the permit may be made available to the public upon request. If you have any questions about the collection or use of your personal information, please contact the Municipality.