



Town of Gibbons
 PO Box 68, GIBBONS AB T0A 1N0
 Phone: 780 923 3331
 Fax: 780 923 3691

The Inspections Group Inc.
 12010 – 111 Avenue, Edmonton AB T5G 0E6
 Phone: (780) 454-5048 Toll Free: 1-866-554-5048
 Fax: (780) 454-5222 Toll Free: 1-866-454-5222

GAS/PROPANE PERMIT APPLICATION

Applicant: Owner Contractor Permit Number: _____ File Number: _____

Date of Application (Y/M/D) ____/____/____ Roll Number: _____

TYPE OF OCCUPANCY	SINGLE FAMILY APPLICATION ONLY (Number of Outlets)	COMMERCIAL/INDUSTRIAL APPLICATION ONLY	PROPANE INSTALLATION
<input type="checkbox"/> RESIDENTIAL	Furnace _____ Water Heater _____	Total BTU _____	No. Of Tanks _____
<input type="checkbox"/> FARM/RANCH	Fireplace _____ Range _____ Dryer _____	Name of Gas Supplier _____	Tank Size _____
<input type="checkbox"/> COMMERCIAL	Room Heater _____ Unit Heater _____	Brief Description of Installation: _____	Serial # _____
<input type="checkbox"/> INDUSTRIAL	Boilers _____ Conversion _____	_____	<input type="checkbox"/> Vaporizer
<input type="checkbox"/> OILFIELD/GAS	Replacement Appliance _____ Future Outlet _____	_____	<input type="checkbox"/> Refill Centre # of Cylinders
<input type="checkbox"/> INSTITUTIONAL	# Secondary Risers _____ Barbeque _____	_____	<input type="checkbox"/> Service Line from Tank to Building
			<input type="checkbox"/> Temporary Heat

Project Installation Address _____

Legal: Lot _____ Blk _____ Plan _____ **OR** Part of _____ 1/4Sec _____ Twp _____ Rg _____ W of _____

Subdivision Name (if applicable) _____ Approximate Completion Date: (Y/M/D) ____/____/____

Brief Directions to Site _____

Does this installation require a service connection? YES NOs

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. This permit expires after one year without a prior extension request.

Owners Signature/Declaration (Single Family Residential Dwelling Permits Only)

I hereby declare that I am the Owner of the premises in which the work will be conducted and reside in the residence. I am performing the work myself, and assume responsibility for compliance with all applicable Acts, Codes and Regulations.

Name _____

Phone No. () _____ Fax No. () _____

Mailing Address _____

City _____

Province _____ Postal Code _____

Email _____

Certified Gas Contractor/First Class Gasfitter's Signature

Contractor/Gasfitter _____

Certification No. _____

Company Name _____

Phone No. () _____ Fax No. () _____

Mailing Address _____

City _____

Province _____ Postal Code _____

Email _____

Type of Payment: MC VISA INTERAC CASH CHEQUE

Card No. _____ Expiry Date _____

Card Holder Name _____

Card Holder Signature _____

Cost of Installation (labour plus materials) \$ _____

Permit Fee \$ _____ + SCC Levy \$ _____

S.C.C. Fee: \$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00

Total Fees \$ _____ Receipt # _____

AUTHORIZATION

Issuing Officer Name _____

Designation # _____

Issuing Officer's Signature _____

Date Issued _____