

Village of Holden

Box 357 Holden, AB T0B 2C0

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The Inspections Group Inc.

12010 – 111 Avenue Edmonton, AB T5G 0E6

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GAS PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY		_	Estimated Project Completion Date:DD / MMM / YYYY		
Applicant Type: The Permit Holder hereby cert days of issue of the permit, (b)	flomeowner Contractor ifies that this installation will be complete is suspended or abandoned for a period	d in accordance with the Alberta Safe of 120 days. An extension can be con-	Cost of Installation (Labou ety Codes Act. A may permit expire if the und sidered when applied for in writing prior to perm	Ir & Material) \$_ lertaking to which it applies: (a) is not commenced within 90 lit expiry date.	
Owner Name:		Mai	ling Address:		
City:	Prov:	Postal Code:	Phone:	Fax:	
		Cell:	Email:		
"I hereby declare I am the	Declaration (Single Family R e owner of the premises in which th pplicable Act and Regulations"	esidential Only)		doing the work myself, and assume responsibility	
Company Name:		Mai	ling Address:		
City:	Prov:	Postal Code:	Phone:	Fax:	
Cell:	Email: _				
Installer's Number Print In		nt Installer's Name	staller's Name Installer's Signature		
Project Location in t	he Village of Holden:				
Street Address: Tax Roll #:					
				West of:	
				Plan:	
Directions:					
TYPE OF OCCUPANCY:	NUMBER OF OUTLETS:	COMME ONLY:	RCIAL/INDUSTRIAL APPLICATION		
☐ Residential	Furnace Water Heater	Total BT	'U		
☐ Farm/Ranch	Fireplace	Name of	Gas Supplier	Tank Size	
☐ Commercial	Dryer _			Serial #	
☐ Industrial	Unit Heater Range		PTION OF WORK FOR ALL GAS		
☐ Oilfield/Gas	Room Heater	PERMIT	'S:	☐ Vaporizer	
_	Boilers			Refill Centre	
☐ Institutional	Conversion	<u></u>		Service Line from Tank	
☐ Mobile	Replacement Appliance Secondary Risers			to Building Temporary Heat	
☐ Manufactured	Barbeque				
	Other				
	derstand and acknowledge the sele al inspections requested may be ch				
(Applicant Signature)			(Select ONE at minimur	n) y be charged at\$110/ Inspection (plus Levy)	
	Cash Cheque C/C	Agreement □ Interac	<u> </u>	OFFICE USE ONLY	
i ayment Type.	Odsii	Agreement 🔲 interac			
Permit Fee: \$			Issuing Officer's Signature:		
+ SCC Levy*: \$			Designation Number:	Designation Number:	
Total Cost: \$		Receipt #:	Permit Issue Date:DD_ / MMM / YYYY		
*\$4.50 or 4% of the perm	nit fee maximum \$560.00				