7	Addicated Hants	Town of Bas PO Box 510		
	BASHAW	5011 – 52 Aver Bashaw, AB T0 Phone: (780) 37 Fax: (780) 37 www.townofbashav	nue B 0H0 72-3911 72-2335	groupinc.
GAS PERMIT APPLICATION FORM				
Application Date: <u>DD / MMM / YYYY</u> Estimated Project Completion Date: <u>DD / MMM / YYYY</u>				
The Permit Holder hereby cer	Homeowner Contractor tifies that this installation will be completed in acc is suspended or abandoned for a period of 120 dr	cordance with the Alberta Safe	ost of Installation (Labour & Matu ty Codes Act. A permit may expire if the un	dertaking to which it applies: (a) is not commenced within 9
	is suspended of abandoned for a period of 120 da			
				Fax:
		Cell:		
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:		Mai	ling Address:	
City:	Prov:	Postal Code:	Phone:	Fax:
Cell:	Email:			
Installer's Number	Print Insta	aller's Name	Insta	Iller's Signature
Project Location in the Town of Bashaw:				
Street Address:				
Legal Subdivision: P	art of: Section:	Townsh	ip: Range:	West of:
Subdivision Name:		Lot:	Block:	Plan:
Directions:				
TYPE OF OCCUPANCY:	NUMBER OF OUTLETS:	COMME ONLY:	RCIAL/INDUSTRIAL APPLICATI	ON PROPANE INSTALLATION:
Residential	Furnace	Total BT	U	No. of Tanks
Farm/Ranch	Water Heater		Gas Supplier	Tank Size
	Dryer			Serial #
Commercial	Unit Heater	DESCRI	PTION OF WORK FOR ALL GAS	6
Industrial	Range Room Heater	PERMIT	S:	☐ Vaporizer
Oilfield/Gas	Boilers		Refill Centre	
Institutional	Conversion			Service Line from Tank
Mobile	Replacement Appliance Secondary Risers			to Building
Manufactured	Barbeque			
	Other			Annual Permit
Payment Type: Cash Cheque Interac M/C Visa				
Permit Fee: \$ The Inspections Group Inc. 12010 – 111 Avenue NW				
+ SCC Levy*: \$			Edmo Phone: (780) 454 5	onton AB T5G 0E6 048 Toll Free: (866) 554 5048
Total Cost: \$	Receip	pt #:	Fax: (780) 454 5. www.ins	222 Toll Free: (866) 454 5222 spectionsgroup.com
*\$4.50 or 4% of the permit fee maximum \$560.00				

Wilcom Hand

PLEASE REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE REMIT PATIMENT 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.