

Town of Bruderheim

PO Box 280 BRUDERHEIM AB T0B 0S0 Phone: (780) 796 3731 Fax: (780) 796 3037 www.bruderheim.ca



GAS PERMIT APPLICATION FORM

		GAS FERIVII	II AFFL	eSITE Permit	#:
Application Date: _ DD / MMM / YYYY			Estimated Project Completion Date: DD / MMM / YYYY		
Applicant Type: Hom		Cost of Installation (Labour & Material) \$			
The Permit Holder hereby certif days of issue of the permit, (b) is	ies that this installation will be comple s suspended or abandoned for a perior	ted in accordance with the d of 120 days. An extension	Alberta Safety n may be consi	Codes Act. "A permit may expire if the undertaking to idered when applied for in writing prior to permit expiry of	which it applies: (a) is not commenced within 90 date.
Owner Name: Mailing Address:					
				Phone:	
Oursella Ciamatura / I	Declaration (Cinale Family)	Desidential Only	Cell:	Email:	
Cell:Email:					
Company Name: Mailing Address:					
City:	Prov:	Postal Code:		Phone:	Fax:
Cell:	Email:	:			
Installer's Number Print Installer's Nam			e Installer's Signature		
Project Location in the Town of Bruderheim:					
Street Address:			Tax Roll #:		
Legal Subdivision: Part of: Section:			_ Township	p: Range:	West of:
Subdivision Name: Lot: Block: Plan:					
Directions:					
TYPE OF	NUMBER OF OUTLETS:		COMMER	RCIAL / INDUSTRIAL APPLICATION	PROPANE INSTALLATION:
OCCUPANCY:	Furnace		ONLY:		No. of Tanks
☐ Residential	Water Heater		Total BTU	J	_
☐ Farm/Ranch	Fireplace		Name of C	Gas Supplier	Tank Size
☐ Commercial	Dryer Unit Heater				Serial #
	Range		DESCRIPTION OF WORK FOR ALL GAS		
☐ Industrial	Room Heater		PERMITS:		☐ Vaporizer
☐ Oilfield/Gas	Boilers				Refill Centre
☐ Institutional	Conversion Replacement Appliance				☐ Service Line from Tank
☐ Mobile	Secondary Risers				to Building
☐ Manufactured	Barbeque				☐ Temporary Heat - ☐
	Other				- ANNUAL PERMIT
Payment Type:	ash Cheque Interac	☐ M/C ☐ Visa			
				The Inspections	
Permit Fee: \$				12010 – 111 Av Edmonton AB	T5G 0E6
+ SCC Levy*: \$					ГоII Free: (866) 554 5048 ГоII Free: (866) 454 5222
Total Cost: \$ Receipt		Receipt #:		www.inspection	sgroup.com
*#4 FO 40/ -f 4b	t to a maximum CECO OO				

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.