

## **Village of Kitscoty**

PO Box 128

Kitscoty, AB T0B 2P0 Phone: (780) 846 2221 Fax: (780) 846 2213

www.vokitscoty.ca

## The Inspections Group Inc.

12010 - 111 Avenue NW Edmonton, AB T5G 0E6

Phone: (780) 454 5048 / (866) 554 5048 Fax: (780) 454 5222 / (866) 454 5222

www.inspectionsgroup.com

## **GAS PERMIT APPLICATION FORM**

Application Date: _ DD / MMM / YYYY		Estimated Project Completion Date: DD / MMM / YYYY		
The Permit Holder hereby cert		Cost of Installation (Labour & Material) \$ rdance with the Alberta Safety Codes Act. A may permit expire if the undertaking to which it applies: (a) is not commenced within 9 ys. An extension can be considered when applied for in writing prior to permit expiry date.		
Owner Name:		Mailing	Address:	
City:	Prov: Postal Code:	:	Phone:	Fax:
		Cell:	Email:	
Owner's Signature / De "I hereby declare I am the ow applicable Act and Regulation	eclaration (Single Family Residential Only) wner of the premises in which the work will be conducted, and res ons"	ide or will reside o	on the property. I am doing the work myself, and assur	ne responsibility for compliance with the
Company Name:		Mailing	Address:	
City:	Prov: Postal Code:	:	Phone:	Fax:
Cell:	Email:			
Installer's Number Print Installer's Name			Installer's Signature	
Project Location in the	Town of Kitscoty:			
Street Address:			Tax Roll #:	
Legal Subdivision: Part	of: Section:	Township:	Range:	West of:
Subdivision Name:		Lot:	Block: Plan:	
Directions:				
TYPE OF OCCUPANCY:	NUMBER OF OUTLETS:	COMMERCI	AL/INDUSTRIAL APPLICATION ONLY:	PROPANE INSTALLATION:
☐ Residential	Furnace	Total BTU		No. of Tanks
	Water Heater	Name of Gas Supplier		Tank Size
☐ Farm/Ranch	Fireplace			Serial #
☐ Commercial	Dryer	DESCRIPTION OF WORK FOR ALL GAS PERMITS:		
☐ Industrial	Range			
☐ Oilfield/Gas	Room Heater			□ Vaporizer
	Boilers			<ul><li>Refill Centre</li><li>☐ Service Line from Tank</li></ul>
☐ Institutional	Conversion			to Building
☐ Mobile	Replacement Appliance			☐ Temporary Heat
☐ Manufactured	Secondary Risers	<b> </b>		-
	Barbeque			
	Other			
selected inspection stage	*Commercial	Acce Decl nstallations mu / Institutional /	•	num
Payment Type:	Cash Cheque C/C Agreement Into	erac	TIGI OFFICE	USE ONLY
			Issuing Officer's Name:	
Permit Fee: \$			Issuing Officer's Signature:	
+ SCC Levy*: \$			Designation Number:	
Total Cost: \$ Receipt #:			Permit Issue Date: DD / MMM / YYYY	
*\$4.50 or 4% of the perm	nit fee maximum \$560.00		Permit Issue Date: DD / M	IVIIVI / YYYY

PLEASE REMIT PAYMENT TO THE INSPECTIONS GROUP INC.