



Alberta Safety Codes Authority



### Gas Permit Application

The Inspections Group Inc.  
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Edmonton, AB T5M 3Z7  
Phone: (780) 454-5048 / 1(866) 554-5048  
Fax: (780) 454-5222 / 1(866) 454-5222  
Email: questions@inspectionsgroup.com

**Permit Applicant:** Owner Contractor

**Application Date** (mm/dd/yyyy): \_\_\_\_\_ Estimated Start Date (mm/dd/yyyy): \_\_\_\_\_

Development Permit No. (if applicable): \_\_\_\_\_ Estimated Completion Date (mm/dd/yyyy): \_\_\_\_\_

Building Permit No. (if applicable): \_\_\_\_\_ **Value of Work** (labour & materials): \_\_\_\_\_

**Owner Name** (printed): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*Email: \_\_\_\_\_ Owners Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Contracting Company Name** (printed): \_\_\_\_\_ **Contact Name** (printed): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

\*Email: \_\_\_\_\_ Owners Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Project Location**

Municipality: \_\_\_\_\_ Subdivision/ Hamlet Name: \_\_\_\_\_ Tax Roll No.: \_\_\_\_\_

Street/ Rural Address: \_\_\_\_\_ Unit: \_\_\_\_\_

\*Legal land description is required

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ LSD: \_\_\_\_\_ Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Directions: \_\_\_\_\_

**Description of Work** (please provide a **complete and detailed** description of the work to be completed including all applicable drawings/ documents):

Work has not started Work is in progress Work is complete

**WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING**

TYPE OF OCCUPANCY/ FUEL TYPE	TYPE OF WORK	NUMBER OF OUTLETS
<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential # of units: _____ <input type="checkbox"/> Agricultural (Farm) <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Accessory Building <input type="checkbox"/> Grain Dryer: <input type="checkbox"/> Portable <input type="checkbox"/> Non-Portable <input type="checkbox"/> Manufactured/ RTM Home - foundation type: _____ <input type="checkbox"/> Propane Tank - size: _____ <input type="checkbox"/> Propane Tank Set - manifolded _____ <input type="checkbox"/> Temporary Service/ Heat - # of units: _____ <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Refill Centre <input type="checkbox"/> Service Connection <input type="checkbox"/> Annual Permit Furnace: _____ Unit Heater: _____ Water Heater: _____ Boiler: _____ Fireplace: _____ BBQ: _____ Dryer: _____ Range: _____ Secondary Gas Line: _____ Other (specify): _____ <b>Total # of Outlets:</b> _____ <b>Project Total BTU:</b> _____
<b>FUEL TYPE:</b> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane		

FOIP Notification: Personal information collected on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It is used for processing permit applications, issuing permits, safety codes compliance monitoring, verification, and program evaluation. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Questions about this collection may be directed to ASCA Coordinators at 1-888-413-0099 or at Suite 500, 10405 Jasper Avenue, Edmonton, AB T5J 3N4.

Certified Installer's Name (please print) \_\_\_\_\_ Certification No. \_\_\_\_\_ Certified Installer's Signature \_\_\_\_\_

Homeowner's Signature (homeowner permit only) **Homeowner Declaration:** 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.

**OFFICE USE ONLY**

<b>Other Permits Required</b> <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Private Sewage <input type="checkbox"/> Not Applicable Permit Fee: \$ _____ SCC Levy: \$ _____ <small>(\$4.50 or 4% of the permit fee maximum \$560.00)</small> Travel Fee: \$ _____ <b>Total Cost:</b> \$ _____ Receipt No.: _____ <input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)	[Received Date Stamp]     eSITE Permit No.: _____ Agency File No.: _____
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