

**Town of Daysland** PO Box 610, 5130 50 St. Daysland, AB TOB 1A0 Phone: (780) 374-3767

Fax:



www.daysland.com

(780) 374-2455

		GAS PERMIT APP	LICATION FORM		
Application Date:DD	/ MMM / YYYY	Cost of Ins	Estimated Project Comp tallation (Labour & Material Including	Detion Date: DD / MMM / YYYY	
The Permit Holder hereby certifies	s that this installation will be completed in	n accordance with the Alberta Sat	ety Codes Act. A may permit expire if the idered when applied for in writing prior to p	e undertaking to which it applies: (a) is not commenced within	
Owner Name:		Ma	iling Address:		
City:	Prov:	Postal Code:	Phone:	Fax:	
Owner's Signature / Decla	ration (Single Family Residentia	Cell:	Email: _	I am doing the work muself and assume responsibil	
"I hereby declare I am the o or compliance with the applic	when 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 responsibil	
Company Name:		Ма	iling Address:		
City:	Prov:	Postal Code:	Phone:	Fax:	
Cell:	Email:				
Installer's Number		nstaller's Name		nstaller's Signature	
			1		
Project Location in the To	-		Tay Ro	oll #:	
				West of:	
				Plan:	
TYPE OF OCCUPANCY:	NUMBER OF OUTLETS:	Сом	MERCIAL/INDUSTRIAL APPLICAT	TION ONLY: PROPANE INSTALLATION:	
Residential		Total	BTU		
Farm/Ranch	Furnace Water Heater		e of Gas Supplier	Tank Size	
Commercial	Fireplace			Serial #	
	Dryer	DESC	CRIPTION OF WORK FOR ALL GA		
☐ Oilfield/Gas	Unit Heater Range			□ Vaporizer	
	Room Heater			Refill Centre	
_	Boilers			Service Line from Tank	
Mobile	Conversion			to Building	
Manufactured	Replacement Appliance Secondary Risers	[			
	Barbeque			Annual Permit	
	Other				
Payment Type:   Cast	h 🗌 Cheque 🗌 Interac	M/C Visa			
			The Inspections Group Inc.		
Permit Fee: \$				00W, 14310 – 111 Avenue NW Edmonton AB T5M 3Z7 454 5048 Toll Free: (866) 554 5048	
+ SCC Levy*: \$			Fax: (780)	454 5222 Toll Free: (866) 454 5222	
Total Cost: \$ Receipt #:		www.inspectionsgroup.com questions@inspectionsgroup.com			
*\$4.50 or 4% of the permit fe	ee maximum \$560.00		4400		

## REMIT PAYMENT 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 holder and the nature of the permit holder and the nature of the permit safety codes compliance verification or use of the personal information provided, please contact the Municipality.