



Town of Onoway
 PO Box 540
 4812 - 51 Street
 Onoway, AB T0E 1V0
 Phone: (780) 967 5338
 Fax: (780) 967 3226
 www.onoway.ca



GAS PERMIT APPLICATION FORM

Application Date: _____ **Estimated Project Completion Date:** _____

Applicant Type: Homeowner Contractor **Cost of Installation (Labour & Material including Equipment) \$** _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. 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 / 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: _____ **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 Onoway:

Street Address: _____

Legal Subdivision: Part of: _____ **Section:** _____ **Township:** _____ **Range:** _____ **West of:** _____

Subdivision Name: _____ **Lot:** _____ **Block:** _____ **Plan:** _____

Directions: _____

TYPE OF OCCUPANCY:

- Residential
- Farm/Ranch
- Commercial
- Industrial
- Oilfield/Gas
- Institutional
- Mobile
- Manufactured

NUMBER OF OUTLETS:

- Furnace _____
- Water Heater _____
- Fireplace _____
- Dryer _____
- Unit Heater _____
- Range _____
- Room Heater _____
- Boilers _____
- Conversion _____
- Replacement Appliance _____
- Secondary Risers _____
- Barbeque _____
- Other _____

COMMERCIAL/INDUSTRIAL APPLICATION ONLY:

Total BTU _____
 Name of Gas Supplier _____

DESCRIPTION OF WORK FOR ALL GAS PERMITS:

PROPANE INSTALLATION:

No. of Tanks _____
 Tank Size _____
 Serial # _____

- Vaporizer
- Refill Centre
- Service Line from Tank to Building
- Temporary Heat
- ANNUAL PERMIT

Payment Type: Cash Cheque Interac M/C Visa

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

Total Cost: \$ _____ **Receipt #: _____**

*\$4.50 or 4% of the permit fee maximum \$560.00

The Inspections Group Inc.

300W, 14310 – 111 Avenue NW
 Edmonton AB T5M 3Z7

Phone: (780) 454 5048 Toll Free: (866) 554 5048
 Fax: (780) 454 5222 Toll Free: (866) 454 5222

www.inspectionsgroup.com

questions@inspectionsgroup.com

PLEASE 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 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.