

## **Summer Village of Silver Sands**

PO Box 8

Alberta Beach AB T0A 0A0 Phone: (587) 873 5765 Fax: (780) 967 0431

www. summer village of silvers and s. com

## The Inspections Group Inc.

12010 – 111 Avenue NW Edmonton AB T5G 0E6

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

www.inspectionsgroup.com

## **GAS PERMIT APPLICATION FORM**

Building Permit #:							
Application Date: DD /	Estimated Project Completion Date:DD / MMM / YYYY						
Applicant Type: Homo The Permit Holder hereby certif days of issue of the permit, (b) is	eowner Contractor lies that this installation will be completed in a suspended or abandoned for a period of 12	accordance with the 20 days. An extension	Alberta Safe	Cost of Installation (Lab ty Codes Act. A permit may expire if sidered when applied for in writing prio	the undertaking to wh	ich it applies: (a) is not commenced within 90	
Owner Name:			Maili	ng Address:			
City:	Prov:	Postal Code: _		Phone:		Fax:	
"I hereby declare I am the	claration (Single Family Residential of the premises in which the world policable Act and Regulations"	Only)				rk myself, and assume responsibility	
Company Name:			Maili	ng Address:			
City:	Prov:	Postal Code: _		Phone:		_Fax:	
Cell:	Email:						
Installer's Number	staller's Name	aller's Name Installer's Signatu			e		
Project Location in the S	Summer Village of Silver Sands:						
Street Address:				Tax F	Tax Roll #:		
Legal Subdivision: Part o	f: Section:		_ Township	o: 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		Total BTU Name of 0	CIAL / INDUSTRIAL APPLICAT  Gas Supplier  TION OF WORK FOR ALL GAS	PERMITS:	PROPANE INSTALLATION:  No. of Tanks  Tank Size  Serial #  Vaporizer	
I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested will be charged at a rate of \$150 per inspection.  (plus Levy)  (Applicant Signature)  Payment Type:   Cash   Cheque   C/C Agreement  Interac				ROUGH IN Or FINAL  Accept Accept Other:  Decline Decline  *New construction must select 2 stages of inspection  *Additional selected inspections will be charged at \$150/ Inspection (plus Levy)  TIGI OFFICE USE ONLY			
Permit Fee: \$				Issuing Officer's Name:			
+ SCC Levy*: \$				Issuing Officer's Signature:  Designation Number:			
Total Cost: \$ Receipt #:				Permit Issue Date: DD / MMM / YYYY			
*\$4.50 or 4% of the permi	t tee maximum \$560.00			10000 Date			