

## **Summer Village of Silver Sands**

PO Box 8

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

www.summervillageofsilversands.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 / MMM / YYYY				<b>Estimated Project Completion</b>	Date:DD / MMM / YYYY
Applicant Type: Homeowner Contractor  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 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension may be considered when applied for in writing prior to permit.					rial) \$ ng to which it applies: (a) is not commenced within 90 biry date.
Owner Name:					
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:			Maili	ng Address:	
City:	Prov:	Postal Code:		Phone:	Fax:
Cell:	Email:				
Installer's Number Print Installer's Name Installer's Signature					
Project Location in the Summer Village of Silver Sands:					
Street Address:				Tax Roll #:	
Legal Subdivision: Part o	f: Section:		_ Township	p: 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	in Description of Work)	Name of O	CIAL / INDUSTRIAL APPLICATION ONLY:  Gas Supplier  PTION OF WORK FOR ALL GAS PERMITS:  Property?  Yes  No	No. of Tanks  Tank Size  Serial #
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)  ROUGH IN or FINAL  Accept Accept Decline  Decline  *New construction must select 2 stages of inspection  *Additional selected inspections will be charged at \$150/ Inspection (plus Inspection)					ine of inspection
Payment Type:					
, ,				ssuing Officer's Name:	
+ SCC Levy*: \$			Issuing Officer's Signature:		
Total Cost: \$ Receipt #:			Designation Number:		
*\$4.50 or 4% of the permit fee maximum \$560.00				Permit Issue Date:DD / N	AMM / YYYY

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.