

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 /	_	Estimated Project Completion Date:DD / MMM / YYYY				
Applicant Type: Home The Permit Holder hereby certific days of issue of the permit, (b) is	in accordance with the 120 days. An extension	Cost of Installation (Labour & Material) \$				
Owner Name: Mailing Address:						
City:	Prov:	Postal Code: _		Phone:		Fax:
Cell: Email: Email:						
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 S	Summer Village of Silver Sands:					
Street Address:						
Legal Subdivision: Part of	f: Section: _		_ Township	: Rang	e:	West of:
Subdivision Name:			_ Lot:	Block:	Plan:	
Directions:						
TYPE OF	NUMBER OF OUTLETS:		COMMER	CIAL / INDUSTRIAL APPLIC	ATION ONLY:	PROPANE INSTALLATION:
OCCUPANCY:	Furnace		Total BTU			No. of Tanks
Residential	Water Heater		Name of Gas Supplier		Tank Size	
Farm/Ranch	Fireplace					Serial #
Commercial	Dryer DE		DESCRIP	RIPTION OF WORK FOR ALL GAS PERMITS:		Sellal #
Industrial	Range					
□ Oilfield/Gas	Room Heater					Vaporizer
	Boilers					Refill Centre Service Line from Tank
Institutional	Conversion					to Building
Mobile	Replacement Appliance					Temporary Heat
Manufactured	Secondary Risers					
	Barbeque					
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) ROUGH IN or FINAL						
Payment Type: Cash Cheque C/C Agreement Interac TIGI OFFICE USE ONLY						
Permit Fee: \$				Issuing Officer's Name:		
+ SCC Levy*: \$				Issuing Officer's Signature:		
Total Cost: \$	 A	Receipt #:		Designation Number:		
*\$4.50 or 4% of the permit fee maximum \$560.00				Permit Issue Date: DD / MMM / YYYY		
REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.						

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCES 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.