



Town of Bon Accord
 PO Box 779
 BON ACCORD AB T0A 0K0
 Phone: 780 921 3550
 Fax: 780 921 3585

The Inspections Group Inc.
 12010 – 111 Avenue
 EDMONTON AB T5G 0E6
 Phone: (780) 454-5048 Toll Free: 1-866-554-5048
 Fax: (780) 454-5222 Toll Free: 1-866-454-5222

GAS/PROPANE PERMIT APPLICATION

Applicant: Owner Contractor Permit Number: _____ File Number: _____

Date of Application (Y/M/D) ____/____/____ Roll Number: _____

TYPE OF OCCUPANCY	SINGLE FAMILY APPLICATION ONLY (Number of Outlets)	COMMERCIAL/INDUSTRIAL APPLICATION ONLY	PROPANE INSTALLATION
<input type="checkbox"/> RESIDENTIAL	Furnace _____ Water _____ Heater	Total BTU _____	No. of Tanks _____
<input type="checkbox"/> FARM/RANCH	Fireplace _____ Range _____ Dryer _____	Name of Gas Supplier _____	Tank Size _____
<input type="checkbox"/> COMMERCIAL	Room _____ Heater Unit _____ Heater	Brief Description of Installation: _____	Serial # _____ <input type="checkbox"/> Vaporizer
<input type="checkbox"/> INDUSTRIAL	Boilers _____ Conversion _____	_____	<input type="checkbox"/> Refill Centre # of Cylinders
<input type="checkbox"/> OILFIELD/GAS	Replacement _____ Appliance Future Outlet _____	_____	<input type="checkbox"/> Service Line from Tank to Building
<input type="checkbox"/> INSTITUTIONAL	# _____ Secondary _____ Risers Barbeque _____	_____	<input type="checkbox"/> Temporary Heat

Project Installation Address _____
 Legal: Lot _____ Blk _____ Plan _____ OR Part of _____ 1/4Sec _____ Twp _____ Rg _____ W of _____
 Subdivision Name (if applicable) _____ Approximate Completion Date: (Y/M/D) ____/____/____
 Brief Directions to Site _____
 Does this installation require a service connection? YES NO

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. The permit expires after one year without a prior extension request.

<p>Owners Signature/Declaration (Single Family Residential Dwelling Permits Only) I hereby declare that I am the Owner of the premises in which the work will be conducted and reside in the residence. I am performing the work myself, and assume responsibility for compliance with all applicable Acts, Codes and Regulations.</p> <p>Name _____ Phone No. () _____ Fax No. () _____ Mailing Address _____ City _____ Province _____ Postal Code _____ Email _____</p>	<p>Certified Gas Contractor/First Class Gasfitter's Signature</p> <p>Contractor/Gasfitter _____ Certification No. _____ Company Name _____ Phone No. () _____ Fax No. () _____ Mailing Address _____ City _____ Province _____ Postal Code _____ Email _____</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>Type of Payment: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> INTERAC <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE</p> <p>Card No. _____ Expiry Date _____ Card Holder Name _____ Card Holder Signature _____ Cost of Installation (labour plus materials) \$ _____ Permit Fee \$ _____ + SCC Levy \$ _____ S.C.C. Fee: \$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00 Total Fees \$ _____ Receipt # _____</p>	<p>AUTHORIZATION</p> <p>Issuing Officer Name _____ Designation _____ # _____ Issuing Officer's Signature _____ Date Issued _____</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Please contact The Inspections Group at (780) 454-5048 Toll free: 1-866-554-5048 Fax: (780) 454-5222 for inspections allowing two working days notice!

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.