



Town of Gibbons
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The Inspections Group Inc.
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GAS PERMIT APPLICATION FORM

File Number: _____ Roll Number: _____ Permit Number: _____

Application Date (Y/M/D): _____ Estimated Project Completion Date (Y/M/D): _____

Permit Type: Owner Contractor Cost of Installation (Labor & Material) \$ _____

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. This permit expires after 90 days without an extension request.

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 on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Contractor Name: _____ **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 Gibbons:

Street Address: _____ s
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

TYPE OF OCCUPANCY	SINGLE FAMILY APPLICATION ONLY (Number of Outlets)	COMMERCIAL/INDUSTRIAL APPLICATION ONLY	PROPANE INSTALLATION
<input type="checkbox"/> Residential	Furnace _____	Total BTU _____	No. of Tanks _____
<input type="checkbox"/> Farm/Ranch	Water Heater _____	Name of Gas Supplier _____	Tank Size _____
<input type="checkbox"/> Commercial	Fireplace _____	DESCRIPTION OF WORK FOR ALL GAS PERMITS: _____ _____ _____ _____ _____ _____ _____ _____	Serial # _____
<input type="checkbox"/> Industrial	Dryer _____		<input type="checkbox"/> Vaporizer
<input type="checkbox"/> Oilfield/Gas	Unit Heater _____		<input type="checkbox"/> Refill Centre
<input type="checkbox"/> Institutional	Range _____		<input type="checkbox"/> Service Line from Tank to Building
<input type="checkbox"/> Mobile	Room Heater _____		<input type="checkbox"/> Temporary Heat
<input type="checkbox"/> Manufactured	Boilers _____		
	Conversion _____		
	Replacement Appliance _____		
	No. of Secondary Risers _____		
	Barbeque _____		
	Other _____		

Payment Type: Cash Cheque MC VISA Interac

Credit Card No.: _____ Exp: _____

Cardholder Name/Signature: _____

Permit Fee: \$ _____ + **SCC Levy** \$ _____
 \$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00

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

OFFICE USE ONLY

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: _____

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING A MINIMUM OF TWO WORKING DAYS NOTICE.