



County of Thorhild No. 7

PO Box 10
THORHILD AB TOA 3J0
Phone: 780 398 3741
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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: _____

Table with 4 columns: TYPE OF OCCUPANCY, SINGLE FAMILY APPLICATION ONLY (Number of Outlets), COMMERCIAL/INDUSTRIAL APPLICATION ONLY, PROPANE INSTALLATION. Includes checkboxes for residential, farm/ranch, commercial, industrial, oilfield/gas, institutional and various appliance types.

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 Value of Labor and Materials: \$ _____

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 one year without a prior extension request.

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.

Name _____

Phone No. () _____ Fax No. () _____

Mailing Address _____

City _____

Province _____ Postal Code _____

Email _____

Certified Gas Contractor/First Class Gasfitter's Signature

Contractor/Gasfitter _____

Certification No. _____

Company Name _____

Phone No. () _____ Fax No. () _____

Mailing Address _____

City _____

Province _____ Postal Code _____

Email _____

Type of Payment: [] MC [] VISA [] INTERAC [] CASH [] CHEQUE

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 # _____

AUTHORIZATION

Issuing Officer Name _____

Designation # _____

Issuing Officer's Signature _____

Date Issued _____

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.