

COUNTY OF THORHILD
P.O. Box 10
Thorhild, Alta. T0A 3J0
Phone: (780) 398-3741
Fax: (780) 398-3748

The Inspections Group Inc.
12010 – 111 Avenue
Edmonton, Alta. T5G 0E6
Phone: (780) 454-5048
Fax: (780) 454-5222

GAS PERMIT

Date of Application: (Y/M/D) _____ / _____ / _____
Please Print Information Clearly!

PERMIT #: _____

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

1. Name of Municipality : **County of Thorhild**

2. Municipal Address (if applicable) _____

3. Legal Description: Quarter _____ Section _____ Township _____ Range _____ W. of _____ Meridian or

4. Subdivision Name (if applicable) _____ Lot _____ Block _____ Plan _____

5. Premises owned/occupied by _____ Telephone # () _____

6. Does this installation require a service connection? YES NO

7. Permit Type: Residential Property Owner Certified Installer

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

Installer Name _____ Installer # _____

Applicant/Contractor Name _____

Address: _____ City _____ Postal Code _____

Phone No. _____ Fax No. _____ Signature _____

TYPE OF PAYMENT: ___ CASH ___ CHEQUE ___ VISA ___ INTERAC ___ OTHER Cost of Installation (labour plus materials) \$ _____ Permit Fee \$ _____ + (S.C.C. Fee) Total Fees \$ _____	AUTHORIZATION Issuing Officer _____ Designation # _____ Date Issued _____
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