

Manufactured

Payment Type:

Permit Fee: \$

+ SCC Levy*: \$

Total Cost: \$

Other

*\$4.50 or 4% of the permit fee maximum \$560.00

☐ Cash ☐ Cheque ☐ Interac ☐ M/C ☐ Visa

Receipt #:__

Town of Morinville

2nd Floor, 10125-100 Avenue Morinville. AB T8R 1L6 Phone: (780) 939 4361

SUBMIT TO:

THE INSPECTIONS GROUP INC. questions@inspectionsgroup.com

The Inspections Group Inc.

12010 - 111 Avenue NW Edmonton AB T5G 0E6

Phone: (780) 454 5048 Toll Free: (866) 554 5048 (780) 454 5222 Toll Free: (866) 454 5222 Fax:

☐ Annual Permit

AUTHORIZATION

Permit Issue Date: ______ DD / _MMM / _YYYY

www.inspectionsgroup.com

GAS PERMIT APPLICATION FORM Permit Number: Estimated Project Completion Date: __DD / MMM / YYYY Application Date: DD / MMM / YYYY Applicant Type: Homeowner Contractor Cost of Installation (Labour & Material) \$ The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date. Owner Name: _____ _____ Mailing Address: ____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____ Owner's Signature / Declaration (Single Family Residential Only) Thereby declare I am the owner of the premises in which the work will be condition. _____ Email: ____ "I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations" Company Name: ____ ______ Mailing Address: ___ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____ _ Email: __ Print Installer's Name Installer's Number Installer's Signature Project Location in the Town of Morinville: Street Address: Legal Subdivision: Part of: _____ Section: ____ Township: ____ _____ Range: _____ West of: ____ Lot: Block: Plan: Subdivision Name: Directions: _ TYPE OF NUMBER OF OUTLETS: **COMMERCIAL/INDUSTRIAL APPLICATION** PROPANE INSTALLATION: OCCUPANCY: ONLY: No. of Tanks _____ Furnace Total BTU □ Residential Water Heater Tank Size _____ Name of Gas Supplier ☐ Farm/Ranch Fireplace Serial # Dryer ☐ Commercial Unit Heater **DESCRIPTION OF WORK FOR ALL GAS** Industrial Range PERMITS: ☐ Vaporizer Room Heater ☐ Oilfield/Gas ☐ Refill Centre Boilers ☐ Service Line from Tank Institutional Conversion Replacement Appliance to Building Secondary Risers ☐ Temporary Heat Barbeque

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING TWO WORKING TO FIVE DAYS NOTICE AND PROVIDE SAFE ACCESS IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO CALL FOR THE APPROPRIATE INSEPCTIONS.

Issuing Officer's Name: ___

Designation Number:

Issuing Officer's Signature: