



Lac La Biche County
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GAS PERMIT APPLICATION FORM

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

e-SITE #: _____ Application Date: DD / MMM / YYYY Estimated Completion Date: DD / MMM / YYYY

Applicant Type: Owner 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 & 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 or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Contractor Name: _____ **Mailing Address:** _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

Installer's Number _____ Print Installer's Name _____ Installer's Signature _____

Project Location in Lac La Biche County:

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

TYPE OF OCCUPANCY:

- Residential
- Farm/Ranch
- Commercial
- Industrial
- Oilfield/Gas
- Institutional
- Mobile
- Manufactured

SINGLE FAMILY APPLICATION ONLY:

(Number of Outlets)

- Furnace _____
- Water Heater _____
- Fireplace _____
- Dryer _____
- Unit Heater _____
- Range _____
- Room Heater _____
- Boilers _____
- Conversion _____
- Replacement Appliance _____
- Secondary Risers _____
- Barbeque _____
- Other _____

COMMERCIAL/INDUSTRIAL APPLICATION ONLY:

Total BTU _____
 Name of Gas Supplier _____

DESCRIPTION OF WORK FOR ALL GAS PERMITS:

PROPANE INSTALLATION:

No. of Tanks _____
 Tank Size _____
 Serial # _____

- Vaporizer
- Refill Centre
- Service Line from Tank to Building
- Temporary Heat

Payment Type: Cash Cheque MC VISA Interac

Credit Card Number: _____ Exp: _____

Cardholder Name / Signature: _____

Permit Fee: \$ _____ **+ SCC Levy: \$** _____

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

Total Cost: \$ _____ Receipt #: _____

TIGI OFFICE USE ONLY

Issuing Officer's Name: _____

Designation Number: _____

Issuing Officer's Signature: _____

Permit Issue Date: DD / MMM / YYYY

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT 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.