



Town of Smoky Lake
 Box 460
 56 Wheatland Avenue
 SMOKY LAKE AB T0A 3C0
 Phone: 780 656 3674
 Fax: 780 656 3675

Permit Sticker

The Inspections Group Inc.
 12010 – 111 Avenue NW
 EDMONTON AB T5G 0E6
 Phone: 780 454 5048 Toll Free: 866 554 5048
 Fax: 780 454 5222 Toll Free: 866 454 5222
 www.inspectionsgroup.com

GAS PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY

Estimated Project Completion 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 & Regulations. Section 25(1) of the Permit Regulation AR 204/2007 of the Safety Codes Act Section 25(1) states: "A permit expires 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." Please note that an extension can be considered when applied for in writing prior to permit expiry date.

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"

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

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

Payment Type: Cash Cheque C/C Agreement Interac
 Permit Fee: \$ _____
 + SCC Levy*: \$ _____
 Total Cost: \$ _____ Receipt #: _____
 *\$4.50 or 4% of the permit fee maximum \$560.00

TIGI OFFICE USE ONLY
 Issuing Officer's Name: _____
 Issuing Officer's Signature: _____
 Designation Number: _____
 Permit Issue Date: DD / MMM / YYYY

REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.
 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.