

Village of Andrew

PO Box 180 ANDREW AB T0B 0C0 Phone: 780 365 3687

Fax: 780 365 2061 www.villageofandrew.net andrew@mcsnet.ca

The Inspections Group Inc.

12010 – 111 Avenue NW EDMONTON AB T5G 0E6

Phone: 780 454 5048 / 1 866 554 5048 Fax: 780 454 5222 / 1 866 454 5222

www.inspectionsgroup.com questions@inspectionsgroup.com

GAS PERMIT APPLICATION FORM

Applicant Type:	Homeowner Contract fies that this installation will be completed in a within 90 days of issue of the permit, (b) is su	tor accordance with the Alberta Safety	Estimated Project Completion Date: Cost of Installation (Labour & May Codes Act. Section 25(1) of the Permit Regulation states: "Jod of 120 days." An extension can be considered when applied	aterial) \$	
Owner Name: Mailing Address:					
City	Drov"	Postal Codo:	Phono:	Fov	
	Declaration (Single Family Resignation of the premises in which the word pplicable Act and Regulations"	Cell: idential Only) ork will be conducted, and res	Email: Email: side or will reside on the property. I am doing the wor	k myself, and assume responsibility	
Company Name:Mailin			ng Address:		
City:	Prov:	Postal Code:	Phone:	_Fax:	
Cell:	Email:				
Installer's Number Print Installer's Name			Installer's Sign	nature	
Project Location in the Village of Andrew:					
Street Address:					
Legal Subdivision: ſ	Part of:Section:_	Townsł	hip:Range:	West of:	
Subdivision Name: Lot: Block: Plan:					
Directions:					
TYPE OF OCCUPANCY:	NUMBER OF OUTLETS:	COMMI ONLY:	ERCIAL/INDUSTRIAL APPLICATION	PROPANE INSTALLATION:	
☐ Residential	Furnace Water Heater	Total B	TU	No. of Tanks	
☐ Farm/Ranch	Fireplace Dryer	Name o	of Gas Supplier	Tank Size	
☐ Commercial	Unit Units			Serial #	
☐ Industrial	Range DESC		RIPTION OF WORK FOR ALL GAS		
☐ Oilfield/Gas	Boilers	PERMITS:		☐ Vaporizer	
☐ Institutional	Replacement Appliance			Refill Centre	
☐ Mobile	Secondary Risers Barbeque			Service Line from Tank to Building	
☐ Manufactured	Other			☐ Temporary Heat	
Payment Type:	Payment Type: ☐ Cash ☐ Cheque ☐ C/C Agreement ☐ Interac TIGI OFFICE USE ONLY				
Permit Fee: \$			Issuing Officer's Name:		
+ SCC Levy*: \$			Issuing Officer's Signature:		
Total Cost: \$ Receipt #:		eceipt #:	Designation Number:		
*\$4.50 or 4% of the permit fee maximum \$560.00			Permit Issue Date:DD / MMM / YYYY		