THE HIGHWARD	4 Onov Phone Fax:	PO Box 540 812 - 51 Street way, AB TOE 1 : (780) 967 (780) 967 ww.onoway.ca	V0 the	inspections groupinc.
GAS PERMIT APPLICATION FORM				
Application Date: <u>DD / MMM / YYYY</u> Estimated Project Completion Date: <u>DD / MMM / YYYY</u>				
Applicant Type: Homeowner Contractor Cost of Installation (Labour & Material) \$				
Owner Name:		Mailin	g Address:	
City:	Prov [.] Postal Cod	e.	Phone:	Fax [.]
Oursenie Signature / Declaration (Single		Cell:	Email:	
Cell: Email: 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 Cod	e:	Phone:	Fax:
Cell:	Email:			
Installer's Number Print Installer's Name		e	Insta	ller's Signature
Project Location in the Town of Onoway:				
Street Address:				
Legal Subdivision: Part of:	Section:	Township	: Range:	West of:
Subdivision Name: Lot: Block: Plan:				
Directions:				
TYPE OF NUMBER OF OU OCCUPANCY:	ITLETS:	COMMER(ONLY:	CIAL/INDUSTRIAL APPLICATIO	
Residential Furnace Water Heater		Total BTU		No. of Tanks
Farm/Ranch Fireplace	Water Heater		as Supplier	Tank Size
Commercial Dryer				Serial #
Industrial Range			TION OF WORK FOR ALL GAS	
Oilfield/Gas				Vaporizer Refill Centre
Institutional Conversion				
Mobile Replacement App Secondary Risers				to Building
Manufactured Barbeque	· · · · · · · · · · · · · · · · · · ·			Temporary Heat
Other				Annual Permit
Payment Type: Cash Cheque Interac M/C Visa				
The Inspections Group Inc				
Permit Fee: \$			12010	0 – 111 Avenue NW onton AB T5G 0E6
+ SCC Levy*: \$		Phone: (780) 454 5048 Toll Free: (866) 554 5048 Fax: (780) 454 5222 Toll Free: (866) 454 5222		048 Toll Free: (866) 554 5048
Total Cost: \$	Receipt #:			
*\$4.50 or 4% of the permit fee maximum \$560.00				

PLEASE REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC. PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS. The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.