HUB OF THE HIGH	www.onoway.	et TOE 1V0 967 5338 967 3226 ca		Fax: (780) 454 522 www.inspectionsgrou	NW E6 8 Toll Free: (866) 554 5048 2 Toll Free: (866) 454 5222		
GAS PERMIT APPLICATION FORM							
Building Permit #:		-					
Application Date: DD / MMM / YYYY			Estimated Project Completion Date: DD / MMM / YYYY				
Applicant Type: Homeowner Contractor The Permit Holder hereby certifies that this installation will be completed in accordance with the fissue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension of			Cost of Installation (Labour & Material) e Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days an 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:		
	Email:						
Installer's Number	Print	Installer's Name		Installer's Signature	2		
Project Location in the	Town of Onoway:						
Street Address:				Tax Roll #:			
Legal Subdivision: Part o	f: Section: _	т	ownship:	Range:	West of:		
TYPE OF OCCUPANCY:	NUMBER OF OUTLETS:		DMMERCIAL / INDUSTRIAL AF		PROPANE INSTALLATION:		
Residential			tal BTU		No. of Tanks		
Farm/Ranch	Water Heater	Na	Name of Gas Supplier Tank Size		Tank Size		
_	Dryer	<u> </u> _			Serial #		
Commercial	Unit Heater	DE	ESCRIPTION OF WORK FOR A	LL GAS PERMITS:			
Industrial	Range	_					
Oilfield/Gas	Room Heater	l_			Vaporizer Refill Centre		
Institutional	Boilers				Service Line from Tank		
	Conversion	_			to Building		
Mobile	Replacement Appliance Secondary Risers	[_	Temporary Heat		
Manufactured	Barbeque	[
	Other						
my request. Any additiona (plus Levy) (Applicant Signature)	erstand and acknowledge the select al inspections requested will be charg		r inspection.	Accept (Decline Decline Installations Select ONE at respections may be charge	d at\$150/ Inspection (plus Levy)		
Payment Type: Ca	ash 🔲 Cheque 🔲 Credit C	ard		TIGI OFFICE USE	ONLY		

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.					
*\$4.50 or 4% of the permit fee maximum \$560.00		Permit Issue Date: DD / MMM / YYYY			
Total Cost: \$	Receipt #:	Designation Number:			
+ SCC Levy*: \$	_	Issuing Officer's Signature:			
Permit Fee: \$	_	· ·			
		Issuing Officer's Name:			

Issuing Officer's Name:

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