

Summer Village of Kapasiwin

PO Box 9
Kapasiwin, AB T0E 2Y0
Phone: 780 892 2684
www.kapasiwinalberta.com

PERMIT STICKER**The Inspections Group Inc.**

12010 111 Avenue
Edmonton, AB T5G 0E6
Phone: 780 454 5048 Toll Free: 1 866 554 5048
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GAS PERMIT APPLICATION FORM**Application Date (Y/M/D):** _____**Estimated Completion Date (Y/M/D):** _____**Permit Applicant:** ☐ 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. Section 25(1) of the Permit Regulation AR 204/2007 of the Safety Codes Act RSA 2000, Chapter S-1 states: "A permit expires if the undertaking to which it applies: (a) Is not commenced within 90 days from the date of issue of the permit, (b) Is suspended or abandoned for a period of 120 days."

Owner Name: _____ **Address:** _____**City:** _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____ **Fax:** __________ **Cell:** _____ **Email:** _____**Owner's Signature / Declaration (Single Family Residential Only)**

"I hereby declare I am the owner and reside in the single family residential dwelling in which the work will be conducted and assume responsibility for compliance with the applicable Act, Codes and Regulations"

Contractor Name: _____ **Address:** _____**City:** _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____ **Fax:** _____**Cell:** _____ **Email:** __________
Installer's Number_____
Installer's Name_____
Installer's Signature**Project Location in The Summer Village of Kapasiwin:****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:**

_____**PROPANE INSTALLATION****No. of Tanks** _____**Tank Size** _____**Serial #** _____

- ☐ Vaporizer
☐ Refill Centre # of Cylinders
☐ Service Line from Tank to Building
☐ Temporary Heat

Payment Type: ☐ Cash ☐ Cheque ☐ Credit Card Agreement ☐ On File**Credit Card #** _____ **Expiry** _____**Permit Fee:** \$ _____ + **SCC Levy** *:\$ _____**Total Cost:** \$ _____ **Receipt #:** _____

\$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00 levy

TIGI OFFICE USE ONLY**Issuing Officer's Name:** _____**Issuing Officer's Signature:** _____**Designation Number:** _____**Permit Issue Date :** _____**PLEASE CONTACT THE INSPECTIONS GROUP INC. 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.