



Town of Elk Point
 PO Box 448
 Elk Point, AB T0A 1A0
 Phone: (780) 724 3810
 Fax: (780) 724 2762
 www.elkpoint.ca

Permit Sticker

The Inspections Group Inc.
 #110, 4910 50 Avenue
 Cold Lake AB T9M 0G1
 Phone: (780) 594 4301 / (888) 853 6411
 Fax: (780) 594 3720 / (844) 750 3721
 www.inspectionsgroup.com

GAS PERMIT APPLICATION FORM

Application Date _____

Estimated Project Completion Date: _____

Applicant Type: Homeowner Contractor

Cost of Installation (Labour & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Safety Codes Act. Section 25(1) of the Permit Regulation 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." An extension can be considered when applied for in writing prior to permit expiry date.

Owner Name: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____
 Cell: _____ Phone: _____ Fax: _____
 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."

Contractor Name: _____ Business 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 Elk Point:

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: 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 # _____
		DESCRIPTION OF WORK FOR ALL GAS PERMITS: _____ _____ _____ _____	

Cash Cheque C/C On Account Interac

Permit Fee: \$ _____
 + SCC Levy*: \$ _____
 + Admin Fee: \$ _____
 Total Cost: \$ _____ Receipt #: _____

*\$4.50 or 4% of the permit fee maximum \$560.00

OFFICE USE ONLY

Issuing Officer's Name: _____
 Issuing Officer's Signature: _____
 Designation Number: _____
 Permit Issue Date: _____

PLEASE CONTACT THE INSPECTIONS GROUP INC FOR INSPECTIONS, PRIOR TO COVER OR CONCEALMENT ALLOWING TWO 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.