



Smoky Lake County
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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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 www.inspectionsgroup.com

Gas Permit Application Form

Application Date (Y/M/D): _____

Estimated Completion Date (Y/M/D): _____

Development Permit Number: _____

Permit Type: Owner Contractor

Cost of Installation (Labor & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days of permit issuance. This permit expires after 90 days without an extension request.

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 of the premises in which the work will be conducted, and reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Contractor Name: _____ Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

Installer's Number

Installer's Name

Installer's Signature

Project Location:

Municipality/Town/Village/Street Address: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

TYPE OF OCCUPANCY	SINGLE FAMILY APPLICATION ONLY (Number of Outlets)	COMMERCIAL/INDUSTRIAL APPLICATION ONLY	PROPANE INSTALLATION
<input type="checkbox"/> Residential	Furnace _____	Total BTU _____	No. of Tanks _____
<input type="checkbox"/> Farm/Ranch	Water Heater _____	Name of Gas Supplier _____	Tank Size _____
<input type="checkbox"/> Commercial	Fireplace _____	Description of Work: _____ _____ _____	Serial # _____
<input type="checkbox"/> Industrial	Dryer _____		<input type="checkbox"/> Vaporizer
<input type="checkbox"/> Oilfield/Gas	Unit Heater _____		<input type="checkbox"/> Refill Centre # of Cylinders
<input type="checkbox"/> Institutional	Range _____		<input type="checkbox"/> Service Line from Tank to Building
<input type="checkbox"/> Mobile	Room Heater _____		<input type="checkbox"/> Temporary Heat
<input type="checkbox"/> Manufactured	Boilers _____		
	Conversion _____		
	Replacement Appliance _____		
	# Secondary Risers _____		
	Barbeque _____		
	Other _____		

Type of Payment: Cash Cheque Visa MC Other

Credit Card # _____ Expiry _____

Permit Fee: \$ _____ + SCC Levy \$ _____

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

Total Cost: \$ _____ Receipt #: _____

AUTHORIZATION

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Issued 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.