

## **Town of Tofield**

Box 30

Tofield, AB T0B 4J0 Phone: (780) 662-3269 (780) 662-3929 Fax:

www.tofieldalberta.ca

The Inspections Group Inc. 12010 - 111 Avenue

Edmonton, AB T5G 0E6

Phone: (780) 454-5048 Toll Free: (866) 554-5048 (780) 454-5222 Toll Free: (866) 454-5222

www.inspectionsgroup.com

## **GAS PERMIT APPLICATION FORM**

Application Date: DD	/ MMM / YYYY		E	Estimated Project Completi	ion Date:DI	O / MMM / YYYY	
The Permit Holder hereby certif	omeowner	leted in accordance with the	e Alberta Safety	Cost of Installation (La Codes Act. A may permit expire if th	e undertaking to wh	ich it applies: (a) is not commenced within 90	
		·		ered when applied for in writing prior to			
Oity.						_ r ux.	
"I hereby declare I am the	Declaration (Single Family	Residential Only)				rk myself, and assume responsibility	
Company Name:			Mailin	g Address:			
City:	Prov	: Postal Code	ə:	Phone:		_Fax:	
Cell:	Ema	il:					
	<u> </u>						
Installer's Number Print Installer's Name Installer's Signature						ture	
Project Location in th	ne Town of Tofield:						
Street Address:				Tax Roll #:			
Legal Subdivision: Part of: Section:		tion:	Township:	: Range: _		West of:	
Subdivision Name:			Lot: Block: Plan:		Plan:		
Directions:							
TYPE OF OCCUPANCY:	NUMBER OF OUTLETS:		COMMERO ONLY:	CIAL/INDUSTRIAL APPLIC	ATION	PROPANE INSTALLATION:	
☐ Residential	Furnace		Total BTU			No. of Tanks	
☐ Farm/Ranch	Water Heater		Name of Gas Supplier		Tank Size		
_	Fireplace  Dryer				Serial #		
☐ Commercial	Unit Heater		DESCRIPT	TION OF WORK FOR ALL G	BAS		
☐ Industrial	Range		PERMITS:				
☐ Oilfield/Gas	Room Heater				☐ Vaporizer☐ Refill Centre		
☐ Institutional	Boilers Conversion					☐ Service Line from Tank	
	Replacement Appliance					to Building	
☐ Mobile	Secondary Risers					☐ Temporary Heat	
☐ Manufactured	Barbeque		-				
	Other		-				
	erstand and acknowledge the s il inspections requested may be			on. Accept	Accept  Decline	Other:	
(Applicant Signature)						d at\$110/ Inspection (plus Levy)	
Payment Type: ☐ Cash ☐ Cheque ☐ C/C Agreement ☐ Interac				TIGI OFFICE USE ONLY			
				Issuing Officer's Name:			
Permit Fee: \$				Issuing Officer's Signature:			
+ SCC Levy*: \$				Designation Number:			
Total Cost: \$ Receipt #:				Permit Issue Date:DD / MMM / YYYY			
*\$4.50 or 4% of the permi	t fee maximum \$560.00						