MD of Wainwright No 61. 717 14th Avenue

Wainwright, AB T9W 1B3 Phone: (780) 842-4454 Fax: (780) 842-2463 www.mdwainwright.ca

The Inspections Group Inc.

12010 111	Avenue					
Edmonton, AB T5G 0E6						
Phone:	(780) 454-5048	Toll Free:	(866) 554-5048			
Fax:	(780) 454-5222	Toll Free:	(866) 454-5222			
www.inspectionsgroup.com						

GAS PERMIT APPLICATION FORM								
eSITE Permit Number:			Development Num	ber:				
Application Date: DD		E	stimated Project Completion I	Date:	DD / MMM / YYYY			
Applicant Type: 🔲 He			Cost of Installation (Labou	r & Material) \$			
The Permit Holder hereby certif	ies that this installation will be completed in s suspended or abandoned for a period of 1					n it applies: (a) is not commenced within 90		
Owner Name:			Mailing	Address:				
City:	Prov:	Postal Code:		Phone:	F	ax:		
Cell: Email:								
Company Name:			Mailing	Address:				
City:	Prov:	Postal Code:		Phone:	F	ax:		
Cell:	Email:							
Installer's Number	Print I	nstaller's Name		Installe	er's Signature			
Project Location in MD of	of Wainwright:							
Street Address:				Tax Roll #:				
Legal Subdivision: Part o	f: Section:		Township:	Range:		West of:		
Subdivision Name:			Lot:	Block: F	Plan:			
Directions:								
TYPE OF	NUMBER OF OUTLETS:		COMMERCI	AL/INDUSTRIAL APPLICATION ON	LY:	PROPANE INSTALLATION:		
OCCUPANCY:	_		Total BTU			No. of Tanks		
Residential	Furnace		Name of Gas			Tank Size		
Farm/Ranch	Fireplace			· • • • • • • • • • • • • • • • • • • •				
Commercial	Dryer		DESCRIPTIC	ON OF WORK FOR ALL GAS PERM		Serial #		
□ Industrial	Unit Heater							
	Range		I ———			□ Vaporizer		
Oilfield/Gas	Room Heater					Refill Centre		
Institutional	Boilers					Service Line from Tank		
Mobile	Conversion					to Building		
	Replacement Appliance					Temporary Heat		
Manufactured	Secondary Risers							
	Barbeque		1					
	Other							
	erstand and acknowledge the selecte inspections requested may be charg		es will	ough In AND 🛛 Final quired Required	Other:			
*New SFD construction must have 2 stages of inspection								
(Applicant Signature) Payment Type:	ash 🗌 Cheque 🔲 Credit Ca	ard 🗌 Interac	OFFICE USE ONLY					
			Issuing Officer's Name:					
Permit Fee: \$				Issuing Officer's Signature:				
+ SCC Levy*: \$ Total Cost: \$ Receipt #:			Designation Number:					
*\$4.50 or 4% of the permit fee maximum \$560.00				Permit Issue Date:DD /MMM /YYYY				
Permit issue Date:								

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCES 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.