



Gas Permit Application

PERMIT

IJD INSPECTIONS LTD. E4, 5560 45 ST. RED DEER, AB T4N 1L1

PERMIT APPLICANT: Contractor Homeowner

Owner Name _____ **Daytime Phone** _____
Mailing Address _____ **City/Town** _____ **Postal Code** _____
Fax _____ **Email** _____

Contractor _____ **Daytime Phone** _____
Mailing Address _____ **City/Town** _____ **Postal Code** _____
Fax _____ **Email** _____
Journeyman Name: _____ **Journeyman #** _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. Homeowner applicants affirm that they are the owner of the premises in which the work will be conducted and reside on the property. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

APPLICANT NAME: _____ **APPLICANT SIGNATURE:** _____

Municipality: _____ **Street Address:** _____
Rural Address (" O "): _____
Lot: _____ **Block:** _____ **Plan:** _____ **Subdivision:** _____
Legal subdivision: Part of _____ **Section** _____ **Township** _____ **Range** _____ **West of** _____

Description of Work: _____ Natural Gas Propane

Intended Use: Residential *Commercial *Industrial Farm Building Other: _____

Type of Work: New Renovation Appliance Replacement Accessory Building Temporary Heat

Furnaces _____ # Water Heaters _____ # Fireplaces _____ # Dryers _____ # Unit Heaters _____

BBQs _____ # Boilers _____ # Ranges _____ # Secondary Risers _____ # Other: _____

Propane: # Tank Sets _____ Tank Size _____ Serial No(s) _____

TOTAL OUTLETS _____ **or *TOTAL BTUs** _____ **Non-Residential installations must indicate BTUs*

Permit Validation Section:

Special Conditions: _____

General Conditions: This Permit expires if the undertaking to which it applies;
 -is not commenced within 90 days from the date of issue of the permit,
 -is suspended or abandoned for a period of 120 days, or
 -is in respect of a seasonal use residence and the undertaking is suspended or abandoned for a period of 240 days after the undertaking is started.

Issuing S.C.O. Name _____ S.C.O. Designation # _____ S.C.O. Signature _____ Date of Issue _____

PERMIT FEE		Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Other
SCC LEVY		Credit Card # _____ Exp. ____/____
TOTAL FEE		Purchase Order # _____ This is your Invoice
		Card Holder's Signature: X _____