Town of Vermilion
5021 49 Avenue
Vermilion, AB T9X 1X1
Phone: 780 853 5358
Fax: 780 853 4910

www.vermilion.ca

GAS PERMIT APPLICATION FORM

Application Date: _____ **Estimated Project Completion Date:** _____

Applicant Type: ☐ **Homeowner** ☐ **Contractor** **Cost of Installation (Labour & Material including Equipment) $**_____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire 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: _____ 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 or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Company 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 Vermilion:

Street Address: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

Directions: _____

TYPE OF OCCUPANCY:

- ☐ Residential
- ☐ Farm/Ranch
- ☐ Commercial
- ☐ Industrial
- ☐ Oilfield/Gas
- ☐ Institutional
- ☐ Mobile
- ☐ Manufactured

NUMBER OF OUTLETS:

Furnace	_____
Water Heater	_____
Fireplace	_____
Dryer	_____
Unit Heater	_____
Range	_____
Room Heater	_____
Boilers	_____
Conversion	_____
Replacement Appliance	_____
Secondary Risers	_____
Barbeque	_____
Other	_____

COMMERCIAL/INDUSTRIAL APPLICATION ONLY:

Total BTU _____

Name of Gas Supplier _____

DESCRIPTION OF WORK FOR ALL GAS PERMITS:

_____

_____

_____

_____

_____

PROPANE INSTALLATION:

No. of Tanks _____

Tank Size _____

Serial # _____

_____

- ☐ Vaporizer
- ☐ Refill Centre
- ☐ Service Line from Tank to Building
- ☐ Temporary Heat

☐ ANNUAL PERMIT

Payment Type: ☐ Cash ☐ Cheque ☐ Interac ☐ M/C ☐ Visa

Permit Fee: $ _____

+ SCC Levy*: $ _____

Total Cost: $ _____ Receipt #: _____

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

The Inspections Group Inc.
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EDMONTON AB T5M 3Z7
Phone: (780) 454 5048 Toll Free: (866) 554 5048
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www.inspectionsgroup.com
questions@inspectionsgroup.com

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.
PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.