

**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.

300W, 14310 - 111 Avenue NW
EDMONTON AB T5M 3Z7
Phone: (780) 454 5048 Toll Free: (866) 554 5048
Fax: (780) 454 5222 Toll Free: (866) 454 5222

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.**

The personal information provided as part of this application is collected under the authority of the Safety Codes Act, the Municipal Government Act, and in accordance with the Protection of Privacy Act (POPA) and the Access to Information Act (ATIA). This information is required and will be used for issuing permits, verifying and monitoring compliance with safety codes, and for property assessment purposes. The name of the permit holder and the nature of the permit may be made available to the public upon request. If you have any questions about the collection or use of your personal information, please contact the Municipality.