



**Town of Vermilion**  
 5021 49 Avenue  
 Vermilion, AB T9X 1X1  
 Phone: 780 853 5358  
 Fax: 780 853 4910  
 www.vermilion.ca

Permit Sticker

**The Inspections Group Inc.**  
 12010 – 111 Avenue NW  
 Edmonton, AB T5G 0E6  
 Phone: 780 454 5048 / 866 554 5048  
 Fax: 780 454 5222 / 866 454 5222  
 www.inspectionsgroup.com

**GAS PERMIT APPLICATION FORM**

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type:  Owner  Contractor

Cost of Installation (Labour & Material) \$ \_\_\_\_\_

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. This permit expires after 90 days without an extension request.

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"

Contractor 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: \_\_\_\_\_

<b>TYPE OF OCCUPANCY:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Oilfield/Gas <input type="checkbox"/> Institutional <input type="checkbox"/> Mobile <input type="checkbox"/> Manufactured	<b>SINGLE FAMILY APPLICATION ONLY:</b> (Number of Outlets) Furnace _____ Water Heater _____ Fireplace _____ Dryer _____ Unit Heater _____ Range _____ Room Heater _____ Boilers _____ Conversion _____ Replacement Appliance _____ No. of Secondary Risers _____ Barbeque _____ Other _____	<b>COMMERCIAL/INDUSTRIAL APPLICATION ONLY:</b> Total BTU _____ Name of Gas Supplier _____ _____ <b>DESCRIPTION OF WORK FOR ALL GAS PERMITS:</b> _____ _____ _____ _____	<b>PROPANE INSTALLATION:</b> No. of Tanks _____ Tank Size _____ Serial # _____ <input type="checkbox"/> Vaporizer <input type="checkbox"/> Refill Centre <input type="checkbox"/> Service Line from Tank to Building <input type="checkbox"/> Temporary Heat
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Payment Type:  Cash  Cheque  C/C Agreement  Interac

Permit Fee: \$ \_\_\_\_\_

+ SCC Levy\*: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

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

**TIGI OFFICE USE ONLY**

Issuing Officer's Name: \_\_\_\_\_

Issuing Officer's Signature: \_\_\_\_\_

Designation Number: \_\_\_\_\_

Permit Issue Date: DD / MMM / YYYY

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.