

**The Summer Village of  
Island Lake South**  
10511-109 Street  
Westlock, AB T7P 1A9  
Phone: 780 349 3651  
Fax: 780 349 5194  
www.myislandlakesouth.com

PERMIT STICKER

**The Inspections Group Inc.**

12010 111 Avenue  
Edmonton, AB T5G 0E6  
Phone: 780 454 5048 Toll Free: 1 866 554 5048  
Fax: 780 454 5222 Toll Free: 1 866 454 5222  
www.inspectiongroup.com

**GAS PERMIT APPLICATION FORM**

Application Date (Y/M/D): \_\_\_\_\_

Estimated Completion Date (Y/M/D): \_\_\_\_\_

Permit Applicant:  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. Section 25(1) of the Permit Regulation AR 204/2007 of the Safety Codes Act RSA 2000, Chapter S-1 states: "A permit expires if the undertaking to which it applies: (a) Is not commenced within 90 days from the date of issue of the permit, (b) Is suspended or abandoned for a period of 120 days." Please note that a onetime ninety (90) day extension can be considered when applied for in writing prior to a permit expiry date.

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner's Signature / Declaration (Single Family Residential Only)**

"I hereby declare I am the owner and reside in the single family residential dwelling in which the work will be conducted and assume responsibility for compliance with the applicable Act, Codes and Regulations"

Contractor Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Installer's Number

Installer's Name

Installer's Signature

**Project Location in The Summer Village of Island Lake South:**

Street Address: \_\_\_\_\_

Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Directions: \_\_\_\_\_

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

Payment Type:  Cash  Cheque  Credit Card Agreement  On File

Credit Card # \_\_\_\_\_ Expiry \_\_\_\_\_

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

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

\$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00 levy

**TIGI OFFICE USE ONLY**

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

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

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

Permit Issue Date: \_\_\_\_\_

**PLEASE CONTACT THE INSPECTIONS GROUP INC. 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.