

Town of Viking

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The Inspections Group Inc.

12010 – 111 Avenue Edmonton, AB T5G 0E6

Phone: (780) 454-5048 Toll Free: (866) 554-5048 Fax: (780) 454-5222 Toll Free: (866) 454-5222

www.inspectionsgroup.com

GAS PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY		Estimated Project Completion Date:DD / MMM / YYYY			
Applicant Type: Homeowner Contractor		Cost of Installation (Labour & Material) \$ a accordance with the Alberta Safety Codes Act. A may permit expire if the undertaking to which it applies: (a) is not commenced within 90			
days of issue of the permit, (b) i	is suspended or abandoned for a period of 12	20 days. An extension can be consider	ered when applied for in writing prior to permit expiry of	ate.	
			ng Address:		
City:	Prov:	Postal Code:	Phone:	Fax:	
"I hereby declare I am the	Declaration (Single Family Resi- e owner of the premises in which the w- pplicable Act and Regulations"	idential Only)	Email:de or will reside on the property. I am doing the		
Company Name:		Mailir	ng Address:		
City:	Prov:	Postal Code:	Phone:	Fax:	
Cell:	Email:				
			Asiliaria Nama		
Installer's Number Print In		Installer's Name	staller's Name Installer's Signature		
Project Location in the	he Town of Viking:				
Street Address: Tax Roll #:					
Legal Subdivision: Part of: Section: _		Township	o: Range:	West of:	
Subdivision Name:		Lot:	Block: Plan: _		
Directions:					
TYPE OF OCCUPANCY:	NUMBER OF OUTLETS:	COMMER ONLY:	CIAL/INDUSTRIAL APPLICATION	PROPANE INSTALLATION:	
☐ Residential	Furnace Water Heater	Total BTU		No. of Tanks	
☐ Farm/Ranch	Fireplace	Name of Gas Supplier		Tank Size	
☐ Commercial	Dryer Unit Heater		TION OF WORK FOR ALL CAS	Serial #	
☐ Industrial	Range	DESCRIPTION OF WORK FOR ALL GAS PERMITS:			
☐ Oilfield/Gas	Room Heater			☐ Vaporizer ☐ Refill Centre	
☐ Institutional	Conversion			_ Service Line from Tank	
☐ Mobile	Replacement Appliance Secondary Risers			to Building Temporary Heat	
☐ Manufactured	Barbeque			- _	
Payment Type:	Cash Cheque C/C Ag	greement	TIGI OFFICE	USE ONLY	
	-	_	Issuing Officer's Name:		
Permit Fee: \$			Issuing Officer's Signature:		
+ SCC Levy*: \$			Designation Number:		
Total Cost: \$	Re	eceipt #:	Permit Issue Date:DD	/ MMM / YYYY	
*\$4.50 or 4% of the permi	it fee maximum \$560.00				

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.
PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS
ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.