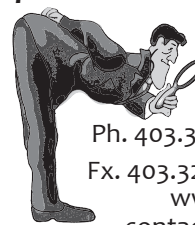


Gas Permit Application

Park Enterprises Ltd. - Permits & Inspections



#10-491 W.T. Hill Blvd S
Lethbridge, AB Canada
T1J 1Y6

Ph. 403.329.3747 / 1-800.621.5440
Fx. 403.329.8514 / 1-866.406.8484
www.parkinspections.com
contact@parkinspections.com

Agency File Number:

Date Application Received:

Estimated Inspection Date:

Owner Information

Name: Mailing Address:

City: Province: Postal Code: Phone: Fax:

Cell: Email:

Contractor Information

Name: Mailing Address:

City: Province: Postal Code: Phone: Fax:

Cell: Email: Contact Person:

Journeyman's Certification#: Journeyman's Name (Please Print):

Project Information

Commercial Industrial Residential Multi-Family Institutional Farm Building Other

Type of Work New Addition RTM Garage Shop Replacement Temp. Heat Other

Description of Work: Type: Natural Gas Propane

Outlets Furnaces: Water Heaters: Wall Heaters: Unit Heaters: Infra-Red: Fireplaces:

BBQ's: Ranges: Cooking Appliance: Risers: Dryers: Boilers:

Secondary Gas Lines: Other: Total # of Outlets= # of BTU'S=

Propane Tank Sets: New Existing Tank Size: Serial #:

Project Location

Municipality: Street or Rural Address:

Lot: Block: Plan: Legal: Part of: Section: Twp: Rge: W of:

Tax Roll #: Directions:

Permit Declaration: The permit applicant certifies that this project will be completed in accordance with the Alberta Safety Codes Act & Regulations. Permit may expire if work is not commenced within 90 days from date of issuance or if work is suspended or abandoned for a period of 120 days. Any extra inspections exceeding what is required by the conditions of the permit will incur a fee of \$100 per inspection. If the Permit is cancelled or withdrawn prior to closure, then a fee for any services provided by Park Enterprises Ltd. will be retained or collected.

APPLICANT IS:

Contractor Homeowner

Permit Applicant Signature

Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling

Permit Validation: (Office Use Only)

Issuing Officer:

Designation #:

Issue Date:

Issuing Officer's Signature:

Fees (Office Use Only)

Permit:

Travel:

Admin:

SCC:

*SCC Levy is 4% of the Permit fee with a min of \$4.50 & max of \$560

Total:

Payment

Visa M/C Debit

Cash Chq #

Card #:

Expiration Date: