

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

Town of Bow Island PO Box 100 Bow Island, Alberta, TOK 0G0 PH: (403) 545-2522 townoffice@bowisland.com www.bowisland.com



The Inspections Group Inc 2825 18 Avenue N Lethbridge, Alberta, T1H 6T5 PH: (587) 787-4143 TF: 1 (888) 852-3558 Fax: (587) 787-4142 south@inspectionsgroup.com

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Please submit all permit applications to south@inspectionsgroup.com for review and processing.

GAS PERMIT APPLICATION FORM Development Permit Number: Estimated Project Completion Date: Building Permit Number (if applicable): Project Value (labour and material): \$ Applicant Type: Owner Contractor **Work:** ☐ has not started ☐ is in progress ☐ is complete OWNER / APPLICANT: _____ Mailing Address: City: ______ Prov: ____ Postal Code: _____ Phone: ____ Fax: ____ Email: ___ Cell: _____ Mailing Address: ___ CONTRACTOR: City: ______ Prov: ____ Postal Code: _____ Phone: _____ Fax: _____ Cell: _____ Email: ____ **PROJECT LOCATION:** _____ Subdivision / Hamlet Name: _____ Municipality: ___ Street Address: ___ Legal Land Description: LSD: _____ Part of: _____ Section: ____ Township: _____ Range: ____ West of: ____ Lot: _____ Block: ____ Plan: ____ Tax Roll Number: ___ Directions: **BUILDING TYPE:** TYPE OF WORK: **NUMBER OF OUTLETS: SERVICE INFORMATION:** ☐ New Work **Furnaces** ☐ Residential ☐ Natural Gas ☐ Propane ☐ Addition Water Heaters ☐ Commercial Project Total BTUs ☐ Industrial Renovation, Alteration Fireplaces Institutional ☐ Connection Dryers PROPANE INSTALLATION: ☐ Agricultural ☐ Temporary Heat **Unit Heaters** ☐ Service ☐ Other (specify) Boilers Propane Tank Set Only ☐ Yes ☐ No ☐ Air Test Barbecues Number of Tanks ☐ Annual Permit Ranges Tank Sizes ☐ Other (specify) Secondary Gas Lines Serial Numbers Other (specify) **Total Outlets** DESCRIPTION OF WORK: Journeyperson's Name (print) Journeyperson's Certificate Number Journeyperson's Signature Homeowner's Signature (homeowner permit only) I hereby declare that I am the owner of the premises where the work will be conducted and/or currently reside or intend to reside on the property. I assume responsibility for ensuring compliance with the applicable Act and Regulations TIGI OFFICE USE ONLY **PAYMENT TYPE: APPLICATION DETAILS:** ☐ Cheque ☐ Mastercard ☐ Visa ☐ AMEX ☐ Interac ☐ e-Transfer ☐ Invoice Application Date: Permit Fee: Permit Number: _____ + SCC Levy*: Receipt #: = Total Cost: \$