



**Town of Legal**  
 P.O. Box 390  
 Legal AB T0G 1L0  
 Phone: 780 961 3773  
 Fax: 780 961 4133  
 www.town.legal.ab.ca

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.inspectionsgroup.com

**GAS PERMIT APPLICATION FORM**

Permit Number: \_\_\_\_\_

Tax Roll Number: \_\_\_\_\_

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

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

Permit Type:  Owner  Contractor

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

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

**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 of the premises in which the work will be conducted, and reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act 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 Town of Legal:**

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 FOR ALL GAS PERMITS:</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  C/C Agreement  On File  Interac

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

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

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

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

**OFFICE USE ONLY**

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

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

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

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

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.

Please contact The Inspections Group Inc. via Phone 780 454 5048, Fax 780 454 5222 or online www.inspectionsgroup.com for all inspection requests, allowing two working days notice.