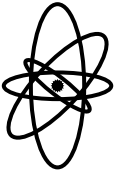


# GAS PERMIT APPLICATION FORM



**Davis Inspection Services Ltd**  
 #146, 3132 – 26 St NE Calgary, T1Y 6Z1  
 Phone: (403) 275-3338, Fax: (403) 275-9790  
 Tel/Fax: 1800 -639-0912 www.davisinspections.ca

*For Office Use Only*  
**DV**  **Permit #:**  
**Alberta Municipal Affairs**   
**File #:**  
**Permit #:**

<b>Permit Applicant:</b> Contractor <input type="checkbox"/> Owner <input type="checkbox"/>		<b>Date:</b> _____
<b>Occupant:</b> _____		<b>Nearest City, Town Village or Hamlet:</b> _____
<b>Site Address:</b> _____		<b>Municipality:</b> _____
<b>Directions to site:</b> _____		
<b>Lot #:</b> _____ <b>Block #:</b> _____ <b>Plan:</b> _____ <b>LSD:</b> _____ <b>Sec:</b> _____ <b>Twp:</b> _____ <b>Range:</b> _____ <b>W. of</b> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <b>M</b>		
<b>Owner:</b> _____	<b>Phone #:</b> _____	<b>Fax #:</b> _____
<b>Address:</b> _____		<b>PC:</b> _____
<b>Owner email:</b> _____		
<b>Description of Installation:</b> _____ _____		
<input type="checkbox"/> Natural gas <input type="checkbox"/> Propane <input type="checkbox"/> Other (specify): _____		
# Furnaces: _____ # Water Heaters: _____ # Fireplaces: _____ # Dryers: _____ # Unit Heaters: _____ # Other Outlets: _____ Total # of Outlets: _____ BTU's (Commercial): _____		

**Does this installation require a service connection? Yes  No**

<b>TYPE OF OCCUPANCY</b> (Indicate major occupancy)  1. Residential <input type="checkbox"/> 2. Farm/ranch <input type="checkbox"/> 3. Commercial <input type="checkbox"/> 4. Industrial <input type="checkbox"/> 5. Oilfield/gas <input type="checkbox"/>	<b>TYPE OF WORK</b>  1. New <input type="checkbox"/> 2. Renovation <input type="checkbox"/> 3. Additions <input type="checkbox"/> 4. Connection only <input type="checkbox"/> 5. Appliance replacement <input type="checkbox"/> 6. Other <input type="checkbox"/>	<b>TYPE OF BUILDING OR INSTALLATION</b>  1. Single Family <input type="checkbox"/> 2. Multi-family <input type="checkbox"/> 3. Temporary heating (For construction) <input type="checkbox"/> 4. Re-locatable unit <input type="checkbox"/> 5. Other <input type="checkbox"/>	<b>USE OF BUILDING(S) OR INSTALLATION</b>  1. Institutional <input type="checkbox"/> 2. Public service <input type="checkbox"/> 3. Retail/wholesale/ service/office <input type="checkbox"/> 4. Petro/chemical industry <input type="checkbox"/> 5. Agriculture <input type="checkbox"/> 6. Lumber/pulp industry <input type="checkbox"/> 7. Other <input type="checkbox"/>
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**I HEAREBY CERTIFY THIS INSTALLATION WILL BE COMPLETED IN ACCORDANCE WITH THE SAFETY CODE ACT AND REGULATIONS**

**Residential property owner declaration (if applicable)**

I am the registered owner of this single family dwelling and accept full responsibility for the proper installation in compliance with the safety code act and regulations. All information provided is true and correct. No work will be covered until accepted by a safety codes officer.

\_\_\_\_\_

SIGNATURE OF HOMEOWNER

**Contractor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **PC:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email :** \_\_\_\_\_

**Journeyman's Name(Print)** \_\_\_\_\_

**Journeyman's Class and #** \_\_\_\_\_

**Journeyman's Signature:** \_\_\_\_\_

**Value of Work (materials & labor):** \$ \_\_\_\_\_

**Permit Fee** \$ \_\_\_\_\_

**Other Fee** \$: \_\_\_\_\_

**Safety Codes Council Fee** \$: \_\_\_\_\_

**GST# 137725222 (if applicable)** \$: \_\_\_\_\_

**Total \$:** \_\_\_\_\_

**Method of Payment:**  
 Cheque    Invoice    Visa    Master Card  
 Other \_\_\_\_\_

If paying by Credit Card:

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**Expiry Date:** \_\_\_\_\_

\_\_\_\_\_

Signature

*For Office Use Only*

**SCO#** \_\_\_\_\_ **Desig.#** \_\_\_\_\_ **SCO** \_\_\_\_\_ **Signature** \_\_\_\_\_