



**Lac La Biche County**  
 P.O. Box 1679, Lac La Biche, AB T0A 2C0  
 Phone: (780) 623-1747  
 Fax: (780) 623-2039

**The Inspections Group**  
 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

**GAS/PROPANE PERMIT APPLICATION**

Permit Taken:  Owner  Contractor Permit Number: \_\_\_\_\_ File Number: \_\_\_\_\_

Date of Application (Y/M/D) \_\_\_\_/\_\_\_\_/\_\_\_\_ E-site Number: \_\_\_\_\_ Roll Number: \_\_\_\_\_

TYPE OF OCCUPANCY	SINGLE FAMILY APPLICATION ONLY (No. Of Outlets)	COMMERCIAL/INDUSTRIAL APPLICATION ONLY	PROPANE INSTALLATION
<input type="checkbox"/> RESIDENTIAL	Furnace _____ Water Heater _____	Total BTU _____	No. Of Tanks _____
<input type="checkbox"/> FARM/RANCH	Fireplace _____ Range _____	Name of Gas Supplier _____	Tank Size _____
<input type="checkbox"/> COMMERCIAL	Dryer _____ Room Heater _____	<b>Brief Description of Installation:</b> _____ _____ _____	Serial _____
<input type="checkbox"/> INDUSTRIAL	Unit Heater _____ Boilers _____		<input type="checkbox"/> Vaporizer
<input type="checkbox"/> OILFIELD/GAS	Conversion _____ Replacement Appliance _____		<input type="checkbox"/> Refill Centre # of Cylinders
<input type="checkbox"/> INSTITUTIONAL	Future Outlet _____ # Secondary Risers _____		<input type="checkbox"/> Service Line from Tank to Building
	Barbeque _____		<input type="checkbox"/> Temporary Heat

Project Installation Address \_\_\_\_\_

Legal: Lot \_\_\_\_\_ Blk \_\_\_\_\_ Plan \_\_\_\_\_ **OR** Part of \_\_\_\_\_ 1/4Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rg \_\_\_\_\_ W of \_\_\_\_\_

Subdivision Name (if applicable) \_\_\_\_\_ Approximate Completion Date: (Y/M/D) \_\_\_\_/\_\_\_\_/\_\_\_\_

Brief Description of Installation \_\_\_\_\_

Cost of Installation (labour plus materials) \$ \_\_\_\_\_ Does this installation require a service connection?  YES  NO

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

**SIGNATURE: Owners Declaration (Home Owner Permits Only)**  
 I hereby declare that I am the Owner of the premises in which the work will be conducted and reside in the residence. I am performing the work myself, and assume responsibility for compliance with all applicable Acts, Codes and Regulations.

Name \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ Cell No. ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

**SIGNATURE: Certified Gas Contractor/First Class Gasfitter's**

Contractor/Gasfitter \_\_\_\_\_

Certification No. \_\_\_\_\_

Company Name \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ Cell No. ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Email \_\_\_\_\_

Type of Payment:  MC  VISA  INTERAC  CASH  CHEQUE

Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ + SCC Levy \$ \_\_\_\_\_

SCC Fee: \$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00

Total Fees \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

**AUTHORIZATION**

Issuing Officer Name \_\_\_\_\_

Designation # \_\_\_\_\_

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

Date Issued \_\_\_\_\_