



Plumbing & Gas Permit

IJD Inspections Ltd.

3235A-50th Avenue, Red Deer AB T4N 3Y1
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Summer Village of Gull Lake

Gas Permit File # _____
Gas EPS # 138- _____

Plumbing Permit File # _____
Plumbing EPS # 138- _____

Owner Name: _____ Address: _____
City: _____ Prov. _____ P.C. _____
X _____ Phone: (____) _____ Fax (____) _____

Owner's signature/declaration (homeowner permits 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 resume responsibility for compliance with the applicable Act and regulations.

Contractor: _____ Journeyman #or Installer#: _____
Address: _____
City: _____ X _____ Contractor's Signature _____
Postal Code: _____
Phone: (____) _____ Fax: (____) _____

Project Location: S.V. of Gull Lake Street Address _____
Lot: _____ Block: _____ Plan: _____
Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Project Information: Use/Occupancy of Building: _____ Expected Completion Date: _____
Description of Work: _____

Single Family and Farm Applications Gas Installation (Part A)				Commercial or Industrial Gas Installation (Part B)		Plumbing Installation (Part D) Number of Fixtures		
Furnaces	<input type="checkbox"/>	Water Heaters	<input type="checkbox"/>	Total BTU's	_____	Toilets	Bathroom Sinks	Bath Tubs
Room Heaters	<input type="checkbox"/>	Dryers	<input type="checkbox"/>	Fee \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit Heaters	<input type="checkbox"/>	Fireplaces	<input type="checkbox"/>	Propane Installation Only (Part C)		Showers	Landry	Kitchen Sinks
Boilers	<input type="checkbox"/>	BBQ	<input type="checkbox"/>	No. of Tanks:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future Outlets	<input type="checkbox"/>	Ranges	<input type="checkbox"/>	Size:	_____	Floor Drains	Weeping Tile	Other Fixtures
No. of Secondary Gas Line Risers	<input type="checkbox"/>			Serial No.:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural	<input type="checkbox"/>	Propane	<input type="checkbox"/>	Temp. Heat:	_____		Water & Sewer Connection	<input type="checkbox"/>
Total No. of Outlets <input type="checkbox"/>				Total No. of Tanks <input type="checkbox"/>		Total No. of Fixtures <input type="checkbox"/>		
Fee \$ _____ SCC Fee \$ _____				Fee \$ _____		Fee \$ _____ SCC Fee \$ _____		

Permit Validation Section: (Office Use Only)

_____ Issuing SCO's name (print or type)	_____ Issuing SCO's Signature
_____ Issuing SCO's Designation #	_____ Date of Issue

Permit Fees: _____	Comments: _____
SCC Fees: _____	
Total Fee: _____	
Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Invoice	