



Davis Inspection Services Ltd

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Gas Permit Application

Permit Applicant: Owner Contractor

Application Date (mm/dd/yyyy):

Estimated Start Date (mm/dd/yyyy):

Development Permit No. (if applicable):

Estimated Completion Date (mm/dd/yyyy):

Building Permit No. (if applicable):

Value of Work (labour & materials):

Owner Name (printed):

Mailing Address: City/Town/Village: Province: Postal Code:

*Email: Owners Phone #: Fax #:

Contracting Company Name (printed): Contact Name (printed):

Mailing Address: City/Town/Village: Province: Postal Code:

*Email: Owners Phone #: Fax #:

Project Location

Municipality: Subdivision/ Hamlet Name: Tax Roll No.:

Street/ Rural Address: Unit:

*Legal land description is required

Lot: Block: Plan: LSD: Quarter: Section: Township: Range: West of:

Directions:

Description of Work (please provide a complete and detailed description of the work to be completed including all applicable drawings/ documents):

Work has not started Work is in progress Work is complete

WORK SHOULD NOT COMMANCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING

Table with 3 columns: TYPE OF OCCUPANCY/ FUEL TYPE, TYPE OF WORK, and NUMBER OF OUTLETS. Includes checkboxes for residential, commercial, industrial, and various work types like New, Addition, Refill Centre, etc.

FOIP Notification: Personal information collected on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act.

Certified Installer's Name (please print) Certification No. Certified Installer's Signature

Homeowner's Signature (homeowner permit only) Homeowner Declaration: I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property.

OFFICE USE ONLY

Other Permits Required Building Electrical Plumbing Private Sewage Not Applicable

Permit Fee: \$

GST: \$

Travel Fee: \$

Total Cost: \$

Receipt No.:

Invoiced Cash Cheque Debit

Credit Card Visa MC (attach signed credit card authorization form)

SCO/Permit Issuers Name:

SCO/Permit Issuers Signature:

Designation No.:

Permit Issue Date:

(mmm/dd/yyyy)