



TOWN OF INNISFAIL

PLUMBING & GAS PERMIT APPLICATION

1. Property Owner: _____ Date: _____
2. Address: _____ Postal Code: _____
3. Address / Location of Work: _____
4. Legal: Lot: _____ Block: _____ Plan: _____
5. Type of Building: Residential Commercial Industrial Land File #: _____
6. Type of Work: New Construction Alterations Additions

GAS INSTALLATION (PART A)	PLUMBING INSTALLATION (PART B)																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Furnaces <input type="checkbox"/></td> <td style="text-align: center;">Water Heaters <input type="checkbox"/></td> <td style="text-align: center;">Boilers <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Room Heaters <input type="checkbox"/></td> <td style="text-align: center;">Dryers <input type="checkbox"/></td> <td style="text-align: center;">Ranges <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Unit Heaters <input type="checkbox"/></td> <td style="text-align: center;">Conversions <input type="checkbox"/></td> <td style="text-align: center;">Future Outlets <input type="checkbox"/></td> </tr> </table> <p>No. of Secondary Risers <input type="checkbox"/> Other: _____</p> <p>Replacement Appliances <input type="checkbox"/></p>	Furnaces <input type="checkbox"/>	Water Heaters <input type="checkbox"/>	Boilers <input type="checkbox"/>	Room Heaters <input type="checkbox"/>	Dryers <input type="checkbox"/>	Ranges <input type="checkbox"/>	Unit Heaters <input type="checkbox"/>	Conversions <input type="checkbox"/>	Future Outlets <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Water Closets (Toilets) <input type="checkbox"/></td> <td style="text-align: center;">Basins (Sinks) <input type="checkbox"/></td> <td style="text-align: center;">Bathtubs <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Showers <input type="checkbox"/></td> <td style="text-align: center;">Kitchen Sinks <input type="checkbox"/></td> <td style="text-align: center;">Floor Drains <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Laundry <input type="checkbox"/></td> <td style="text-align: center;">Weeping Tile <input type="checkbox"/></td> <td style="text-align: center;">PSDA <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Other Fixtures <input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	Water Closets (Toilets) <input type="checkbox"/>	Basins (Sinks) <input type="checkbox"/>	Bathtubs <input type="checkbox"/>	Showers <input type="checkbox"/>	Kitchen Sinks <input type="checkbox"/>	Floor Drains <input type="checkbox"/>	Laundry <input type="checkbox"/>	Weeping Tile <input type="checkbox"/>	PSDA <input type="checkbox"/>	Other Fixtures <input type="checkbox"/>		
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<p>Commercial and Industrial Applications Only Total B.T.U's _____</p>	<p style="text-align: center;">Water and Sewer Connection Or Water Conditions</p>																					
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<p>Contractor: I hereby certify that this installation will be completed in accordance with the act ANCD regulations.</p> <p>Signed _____ Firm Name: _____</p> <p>Address _____ Postal Code: _____</p> <p>Telephone: _____ Certificate No. _____</p>																						
<p>"I hereby state that I am the owner of the premises in which this system will be installed and that I am residing on the property. I further state that I intend to do this installation myself and assume full responsibility for ensuring that the installation is in accordance with the act and regulations." Note: This application will not be accepted unless the above statement is signed and true in your case.</p> <p>Signature of Applicant _____ Date _____</p> <p>Address: _____ Postal Code: _____ Phone: _____</p>																						
<p>Permit Paid For: _____ Invoiced: _____ Date: _____</p> <p>Permit Authorized By: _____ Permit # _____ Business License: _____</p>																						