



Plumbing and Gas Permit

Invoice

IJD Inspections Ltd.

#E4, 5560-45 Street, Red Deer, Alberta T4N 1L1

Toll Free 1-877-617-8776 / Fax 1-866-801-7639

Gas Permit # _____ Plumbing Permit # _____

EPS# (Office Use) _____ EPS# (Office Use) _____

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

Owners 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: _____ Email: _____
 Journeyman Name : _____ Address: _____
 Journeyman #: _____ City: _____ Prov: _____ P.C.: _____
 X _____ Phone: (____) _____ Fax: (____) _____
Contractor's Signature

Municipality: _____ Street Address: _____
 Lot _____ Block _____ Plan _____ Subdivision Name: _____
 Legal Subdivision: Part of: _____ Sec: _____ Twp: _____ Rge: _____ W.of: _____ Square Footage: _____

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

No. of Residential or Farm Gas Outlets		Commercial or Industrial Gas BTU's	No. of Plumbing Fixtures	
Furnaces	Water Heaters	TOTAL BTUs _____	Kitchen Sinks	Basins
Room Heaters	Dryers	Propane Installation Only No. of Tanks: _____ Size: _____ Serial No: _____ Temporary Heat (✓) <input type="checkbox"/>	Showers	Laundry
Unit Heaters	Fireplaces		Water Closets	Bathtubs
Boilers	BBQ		Floor Drains	Bidet/Fountains
Future Outlets	Ranges		Urinals	Other
Other	Second. Riser			Water/Sewer
Total Outlets _____			Total Fixtures _____	

Fee \$ _____ *SCC \$ _____ Fee \$ _____ *SCC \$ _____ Fee \$ _____ *SCC \$ _____

Permit Validation Section:
 Issuing SCO's Name _____ Issuing SCO's Signature _____
 Issuing SCO's Designation # _____ Date of Issue _____

Permit Fee	\$ _____	Method: Visa <input type="checkbox"/> M/C <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card <input type="checkbox"/> Other <input type="checkbox"/>
*SCC Levy	\$ _____	Purchase Order #: _____ THIS IS YOUR RECEIPT
Total Fee	\$ _____	Cardholders Signature _____ Expir. Date _____ / _____
		Credit Card #: _____

The personal information on this form is protected by the Freedom of Information and Protection of Privacy Act
*Safety Codes Council Levy is \$4.00 or 3.5% of the permit fee, whichever is greater. Permits are GST exempt

Print Form