



Public Safety
 Technical Inspection Services
 PO Box 6000
 Fredericton, NB E3B 5H1
 Phone: (506) 453-2336 Fax: (506) 457-7394

APPLICATION FOR GAS INSTALLATION PERMIT

NOTE: Permits are required for all gas installations, conversions and alterations or additions to exiting installations 10/06

Site No	Permit No	Plan No

Site Name							
Civic Number	Street	City	Pole No.				
Postal Code	Prov.	Telephone	Site Usage				

Site Owner							
Civic Number	Street	City					
Postal Code	Prov.	Telephone					

Permit Type	<input type="checkbox"/> Regular <input type="checkbox"/> Filling/Bulk Plant (requires plan) <input type="checkbox"/> Dispenser/ Refill Centre (requires plan) <input type="checkbox"/> Digester/Landfill (requires plan) <input type="checkbox"/> Cylinder Cages						
Estimated start date					Estimated completion date		

Installing Gas Contractor	Lic. No.	Telephone
----------------------------------	----------	-----------

Name of Site Gas Installer	Lic. No.	Class	Telephone
-----------------------------------	----------	-------	-----------

Name of Site Gas Supplier	Telephone
----------------------------------	-----------

Type of Gas	<input type="checkbox"/> Natural Gas (methane) <input type="checkbox"/> Propane <input type="checkbox"/> Liquefied Propane <input type="checkbox"/> Butane <input type="checkbox"/> Medical Gas (requires plan)						
--------------------	---	--	--	--	--	--	--

Installation Details	<input type="checkbox"/> New Installation <input type="checkbox"/> Addition or Alteration <input type="checkbox"/> Emergency Repairs <input type="checkbox"/> Change of Supplier <input type="checkbox"/> Conversion						
	<input type="checkbox"/> Cylinder Cages No. ____ Temporary for shows – Days Required ____ Temporary for Construction - Weeks required ____						
	Gas Supply	<input type="checkbox"/> New <input type="checkbox"/> Existing	Pressure Pounds Inches	Existing Btu Load	Occupancy Usage		
				Occupancy Name			

Details on Equipment Being Installed / Converted or Replaced	Appliances <input type="checkbox"/> New <input type="checkbox"/> Replacement						
	Piping <input type="checkbox"/> Length ____ Btu Load ____ Tubing <input type="checkbox"/> Length ____ Btu Load ____ Venting <input type="checkbox"/>						
	Tanks <input type="checkbox"/> Quantity ____ Size ____ Cylinders <input type="checkbox"/> Quantity ____ Size ____						
	Number of Existing Appliances			Number of existing appliances in excess of 400 000 Btu/h			
	Attach list of additional appliances if required / If replacement, also list details of removed appliances (ie furnace)						
		<input type="checkbox"/> Installed <input type="checkbox"/> Removed	Type	Manufacturer	Model	Serial	Btu/h
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

Comments on Installation	
---------------------------------	--

Authorized Signature	Date
-----------------------------	-------------

Payment Instructions	Method of Payment																									
Method of Payment: * Cheque or money order made payable to the "Minister of Finance" * Credit Card (Visa or MasterCard only) * Debit Card (if making payment in person) <p style="text-align: center;">Fee: \$25.00</p>	<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card # <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Expiry Date Month Year <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																									
Signature _____																										