

APPLICATION FOR GAS INSTALLATION PERMIT

Note: Gas plan approvals are required for propane & natural gas installations of 5,000,000 BTU or greater.

Site No	Permit No	Plan No

Property Location		PID No.	Property Owner			
Civic No.		St / Hwy		Civic No.		St / Hwy
Municipality		Postal Code		Municipality		Prov.
Sub-division Location Area		Pole No.		Lot No.		Tel :

Building Name	Building Usage

Building Owner (if different from property owner)			Occupancy Owner (if different from property/building owner)		
Civic No.		St / Hwy	Civic No.		St / Hwy
Municipality		Prov.	Municipality		Prov.
Postal Code		Tel:	Postal Code		Tel:

Occupancy Name	Occupancy Usage	Floor/Suite No.

Gas Contractor	Lic. No.	Tel:

Site Gas Installer	Lic. No.	Class	Tel:

Site Gas Supplier	Tel:

Gas Type	Gas Supply	Pressure	Installation
<input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas (methane) <input type="checkbox"/> Butane <input type="checkbox"/> Liquefied Propane <input type="checkbox"/> Medical Gas (requires plan) <input type="checkbox"/> Digester/Landfill	<input type="checkbox"/> New <input type="checkbox"/> Existing	Pounds _____ Inches _____	<input type="checkbox"/> New <input type="checkbox"/> Addition or Alteration

Permit Type	
<input type="checkbox"/> Regular (Btu Load) (Check at least one box below) <input type="checkbox"/> New <input type="checkbox"/> Appliance addition/replacement <input type="checkbox"/> Containers Only (Enter nos. below)	<input type="checkbox"/> Piping Only (Includes Tubing) (Btu Load) <i>Enter appliance info below</i> (Check at least one box below) <input type="checkbox"/> Over 33 psi <input type="checkbox"/> Over 200 ft. <input type="checkbox"/> Welded Piping <input type="checkbox"/> Medical
<input type="checkbox"/> Dispenser (requires plan) <input type="checkbox"/> Vaporizer System (Btu Load) (Provide tank info if applicable) <input type="checkbox"/> Digester/Landfill (Btu Load)	<input type="checkbox"/> Venting Only <i>Enter appliance info below</i> (Btu Load) <input type="checkbox"/> Cylinder Cages No. of cages: _____ <input type="checkbox"/> Filling/Bulk Plant (requires plan) (Provide tank info) Capacity : <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> Litres

Btu's	Existing Btu Load:	Permit Btu's Being Installed:
	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

New / Replacement Appliances	New / Replacement Containers	Venting
No. appliances up to 400,000 Btu: _____ No. appliances between 400,000 & 500,000 Btu: _____ No. appliances over 500,000 Btu: _____ Total Appliance Btu load: _____	Tanks: <input type="checkbox"/> Vertical Quantity _____ Size of each _____ <input type="checkbox"/> Horizontal Quantity _____ Size of each _____ <input type="checkbox"/> Cylinders: Quantity _____ Size of each _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Work

Authorized Signature	Date

Applications are processed at the following SNB locations
 Bathurst, Campbellton, Edmundston, Fredericton, Miramichi, Moncton, Saint John and Woodstock

Method of Payment : (PLU 784022)
If making payment in person at SNB
 All payment types accepted – Cash, Cheque, Money Order, Debit, EFT or Credit Card (Visa, MasterCard, AMEX)
To pay by mail
 Cheque or money order made payable to the Minister of Finance
 Public Safety PO Box 6000
 Technical Inspection Services Fredericton, NB E3B 5H1
Fax application to SNB office at (506) 462-2013
 All Other Enquiries toll-free 1-888-659-3222