

| APPLICATION FOR GAS INSTALLATION PLAN APPROVAL |           |         |
|--|-----------|---------|
| Site No  | Permit No | Plan No |
|  |           |         |

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

Forward three (3) copies of plan with application to the attention of **Mike LeBlanc** at the following address:

**Mailing Address:**

Department of Public Safety  
 Technical Inspection Services  
 385 Broadway Boulevard, Suite 100  
 Grand Falls, NB E3Z 2K5

Phone: (506) 479-4745

Fax: (506) 475-4017

| Site Name    |        |             |      |            |
|--------------|--------|-------------|------|------------|
| Civic Number | Street |             | City |            |
| Province     |        | Postal Code |      | Site Usage |

| Site Owner   |        |             |      |           |
|--------------|--------|-------------|------|-----------|
| Civic Number | Street |             | City |           |
| Province     |        | Postal Code |      | Telephone |

| Submitter    |        |             |      |           |
|--------------|--------|-------------|------|-----------|
| Civic Number | Street |             | City |           |
| Province     |        | Postal Code |      | Telephone |
| Contact Name |        | Telephone   |      | Email     |

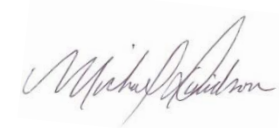
| Installation Type | <input type="checkbox"/> Over 5 million Btu           |  | <input type="checkbox"/> Filling/Bulk Plant |  | <input type="checkbox"/> Dispenser/Refill Centre |  |
|-------------------|---|--|---|--|--|--|
|                   | <input type="checkbox"/> Digester/Landfill            |  | <input type="checkbox"/> Medical            |  | <input type="checkbox"/> Vertical Propane Tank   |  |
|                   | <input type="checkbox"/> Other (please specify) _____ |  |   |  |  |  |

| 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 |  |  |  |  |  |
|-------------|---|--|--|--|--|--|
|-------------|---|--|--|--|--|--|

| Pressure |        | Btu Load |     | Tanks                               | Quantity | Size of Each | Cylinders | Quantity | Size of Each |
|----------|--------|----------|-----|-------------------------------------|----------|--------------|-----------|----------|--------------|
| Pounds   | Inches | Existing | New | <input type="checkbox"/> Vertical   |          |              |           |          |              |
|          |        |          |     | <input type="checkbox"/> Horizontal |          |              |           |          |              |

| Detailed Scope Description |  |
|----------------------------|--|
|----------------------------|--|

| Method of Payment  |
|--|
| Submitter will be invoiced for Plan Approval<br><br>Under NB Regulation 84-176 37(10), the fee for a plan review is \$100 per hour or any part of an hour, with a minimum charge of \$100 + HST. |

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|--|
| Plan Approval No.: _____   |
| Plan Reviewed By: _____  |
| Date of Review: _____  |
| <br>Manager, Gas Inspections<br>Department of Public Safety |