

I. Applicant Information						(PLEASE PRINT)
APPLICANT NAME OR FIRM NAME			CONTACT NAME			
ADDRESS			CITY/TOWN			
PROVINCE, POSTAL CODE		PHONE NUMBER		E-MAIL ADDRESS		
INSPECTION ADDRESS			INSTALLATION ADDRESS			
CONTRACTOR		GAS FITTER		LICENCE NUMBER		
II. Variance Information						
1. Reason for Variance Equivalent method proposed Proposed method exceeds current requirements Proposed method does not apply to Code/Standard/Regulation						
2. Identify Specific Code/Standard/Regulation article to which the Variance is being considered:						
III. Equipment Information						
DESCRIPTION OF EQUIPMENT	NO. OF UNITS	MODEL NO.	SERIAL NO.	BTU	CERTIFYING AGENCY	
MANUFACTURER		ADDRESS		PHONE NUMBER		
IV. Verification Documents						
Completed Assurance of Professional Design and Commitment for Inspection Form Specific request or proposal for variance Any supporting documentation, including drawings or schematics to support the request for variance						
SIGNATURE OF APPLICANT			DATE (YYYY/MM/DD)			
INSPECTION AND TECHNICAL SERVICES OFFICE USE ONLY						
UTILITY BOOKED <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		COMMENTS		SIGNATURE		
ASSIGNED TO						
DATE ASSIGNED				DATE (YYYY/MM/DD)		
INSPECTION DATE AND TIME						