



**NOTIFICATION OF
COMPLETION, INSTALLATION OR ALTERATION**

Book your inspections at 250-469-8977 or on line at www.kelowna.ca

This notification can be returned by fax to 250-862-3314

Owners Name: _____	Permit Number: HP _____
PERMIT ADDRESS:	PERMIT HOLDER:
Address: _____	Contractor Name or
City: Kelowna BC	Homeowner Name: _____
Telephone: () _____	Contractor Licence Number: _____
	Contractor Email: _____

I do hereby certify that the gas system at the above location:

- I. is in compliance with the Safety Standards Act and Regulations, and
- II. I left the gas system in a safe operating condition.

Placed in service this _____ day of _____, 20 _____

Gas Fitter Name & Signature: _____

Gas Fitter Registration Number & Expiry Date: _____

Date Signed: _____

If Homeowner Permit:

Homeowner Signature: _____

Date Signed: _____