



**MAPLE RIDGE**

British Columbia

# Gas Contractor Declaration of Compliance

Fax Declaration to 604-467-7461 OR E-mail to [inspectionrequests@mapleridge.ca](mailto:inspectionrequests@mapleridge.ca) OR send via regular mail

Page 1 of 1

FINAL GAS INSPECTION CAN ONLY BE SCHEDULED BY SUBMITTING THIS FORM. PHONE REQUESTS WILL NOT BE ACCEPTED.

**\*Installation** (Please print clearly)

|  |                                     |                  |
|--|-------------------------------------|------------------|
| *Permit Number:  | * Date Inspection is Requested for: | Office use only: |
| * Installation Address:(Unit #; Civic #; Street Name)  |                                     |                  |
| Notes/Work Description. (You MUST enter the description of work for this particular inspection request.) |                                     |                  |

**\*Registered Gas Contractor** (Please print clearly)

|   |      |                  |
|---|------|------------------|
| Licensed Gas Contractor(GC) Name:   |      | License No.: LGA |
| Contact Phone #:  | Fax: | E-mail:          |
| Complete Mailing Address: (Unit/Suite #; Civic #; Street Name; City; Postal Code) |      |                  |

**\*Declaration**

|   |                  |           |      |    |    |                      |
|---|------------------|-----------|------|----|----|----------------------|
| Gas Fitter (GP) No.: CGA  |                  | GP Class: |      |    |    |                      |
| "I _____ a gas fitter for the above licensed contractor, hereby declare that the gas installation authorized under the above permit has been installed to comply with the "Safety Standards Act and Regulations of British Columbia" and has been left in a safe operating condition. Furthermore, all appliances have been sized and installed as per permit." |                  |           |      |    |    |                      |
| Gas Fitter (GP) Signature:  |                  | Date:     | YYYY | MM | DD |                      |
| <input type="checkbox"/> Gas work complete without Installation Permit in accordance with the provisions of the BC Safety Standards Act   |                  |           |      |    |    |                      |
| <input type="checkbox"/>  | Deficiencies of: | Date:     | YYYY | MM | DD | Have been corrected. |

**Office use only:**

|  |    |    |                               |  |  |
|--|----|----|-------------------------------|--|--|
| Installation as noted above has been accepted on the basis of the Qualification of the Gas Contractor's Gas Safety Representative. |    |    | Name: (Please print)          |  |  |
| YYYY   | MM | DD | Gas Safety Officer Signature. |  |  |
| Date:  |    |    |                               |  |  |