



City of  
Burnaby

Building Division, Planning and Development Department  
4949 Canada Way, Burnaby, BC V5G 1M2  
Phone: 604-294-7130  
www.burnaby.ca/building buildingrecords@burnaby.ca

## GAS NOTIFICATION OF COMPLETION Installation or Alteration Form

On final completion of the regulated work authorized by a gas permit, the permit holder shall:

1. Complete this form, and
2. Provide this form to the City of Burnaby, Building Division via one of the following options:

E-Mail: [buildingrecords@burnaby.ca](mailto:buildingrecords@burnaby.ca)  
Fax: 604-294-7499  
Mail or Drop off Hardcopy: City of Burnaby, Building Division  
Plumbing and Gas Inspections  
2<sup>nd</sup> Floor, 4949 Canada Way, Burnaby, BC V5G 1M2

3. Call the inspections line at 604-294-7130 between 8:30am – 3pm to book the inspection.

### SITE INFORMATION

DATE: \_\_\_\_\_

Permit Number: **GAS** \_\_\_\_\_

Site/Address of installation: \_\_\_\_\_ Unit #: \_\_\_\_\_

### OWNER AND CONTRACTOR INFORMATION

Site Owner(s): \_\_\_\_\_  
(List all Owners)

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Gas Contractor: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Gas Contractor License: **LGA** \_\_\_\_\_ Phone Number: \_\_\_\_\_

I do hereby certify that I have completed the gas system under the above permit; and

1. The pressure at the gas meter is \_\_\_\_\_, and;
2. All components of the gas system have been tested (including a pressure test of the piping and tubing system) and are installed in compliance with the BC Safety Standards Act and Regulations of British Columbia, applicable Gas Code and the manufacturers installation and operating instructions (which have been left on site.), and;
3. I have left the gas system, including all appliances in a safe and efficient operating condition, all gas appliances are venting properly, having verified this with all windows, doors shut, all appliances operating, and all exhaust fans on high speed.

Placed in Service (provide date of install mm/dd/yyyy): \_\_\_\_\_

Work Performed By (Please Print): \_\_\_\_\_

Gas Fitter Regulation Number: **CGA** \_\_\_\_\_

\_\_\_\_\_  
Signature