Technical Standards and Safety Authority То Te Fa Email: fssubmissions@tssa.org

www.tssa.org

Application for Review of Pipeline Project

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5 Carlingview Drive	Application for Review of Pi
ronto, Ontario M9W 6N9	Technical Standa
l: 416.734.3300	rechincar Standa
x: 416.734.3202	F
stomer Service: 1 877 682 8772	

Please submit completed application and supporting of	aocumen	tation by mail, rax, or email (in p	di format).	For Office use Offig
Project Name or Title:				
Required Documentation (eligible PDFs are acceptable	ole)			
Design and piping specifications related to the pro	oject			
Calculation of High consequence area				
Project time-line related to design and construction	n (approxi	mate dates are acceptable)		
Length of pipeline project:	KM D	iameter of Pipe: NPS		
Pipe Material and its Standard				
Pipe wall thickness				
Stress level on pipe wall based on the design pro	essure; S/	/SMYS		
Maximum Operating Pressure:	kPa			
TSSA Transmission or Distribution license numb	ber:	<u></u>		
A. APPLICANT				
CompanyName:			Corporation No	· ·
Street Name / 911 Number/Address, if applicable:			Corporation No	
Unit/Suite:		PO Box:		
City/Town:	Province:		Postal Code:	
Telephone No.:	Fax No.		Cell N	No ·
Email:	T ax No.	•	Cell I	vo
Print Name of Contact Person:				
Fillit Name of Contact Ferson.				
B. LOCATION ADDRESS: Start and end location of the	e pipeline	project (if applicable)		
	. A			
(Company should communicate regarding engineering and	inspection	approval on behalf of the owner.)		
CompanyName:				
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:	PO Box:			
City/Town:		Province:		Postal Code:
Telephone No.:	Fax No.	:	Cell No.:	
Email:				
Print Name of Contact Person:				

Note: It is illegal to use an appliance, equipment, or work for its intended purpose unless it is approved. Please note that this approval may be revoked or suspended if the relevant review and inspection fees are not paid in full.

Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300 Fax: 416.734.3202 Customer Service: 1.877.682.8772 Email: fssubmissions@tssa.org

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Location Address:		

D. INVOICEE					
(Company responsible for fees invoiced for approval including en	ngineering and	linspection fees.)			
Company Name					
Street Name/911 Number/Address, if applicable					
Unit/Suite:	PO Box:				
City/Town:	Province:			Postal Code:	
Telephone No:	ı	Fax No:		Cell No:	
Email:	1				
Print Name of Contact Person:		Signature of Contact Persor	n		

FEES

(HST Registration No: 891131369)

Select	Service	Fee Type	En	gineering		HST	Fee (Including HST)	Total Fees Due
	Engineering (up to 4 hours included)	Minimum*	\$	533.50	\$	69.36	\$ 602.86	
	Expedited Services**							
	Expedited Engineering Services (Additional charge to engineering review per site application)	Flat	۲	E22 E0	۲	60.26	\$ 602.86	
	Expedited Inspection Service (invoiced separately at 2 x standard rates)	riat	, ,	333.30	Ş	09.30	\$ 002.80	

Total Fees Due			
	1		

If paying by credit card, value in Box 1 to be entered in TSSA Service Prepayment Portal

All required fees must be prepaid for application to be processed. Fees are non-refundable.

For payment options, see Payment Instructions

*All minimum fees include specified hours. Excess time above the specified included hours will be billed in 1/4 hour increments at the applicable hourly labour rate based on TSSA's posted fee schedule. All labour rates are per inspector or engineer.

Inspection services, if applicable, will be invoiced separately

**Expedited Services

Expedited service fees are non-refundable

Expedited services places your application in an expedited service line

Expedited inspection services (inspection & travel time included in the flat fee, plus any excess hours) will be billed at 2 x the standard inspection rate.

Legal Disclaimer - The owner agrees to indemnify and hold harmless the Technical Standards and Safety Authority, its employees, agents, successors and assigns from any and all damages, actions, suits, claims or loss arising from the granting of this variance. In the event of claims made against TSSA arising from the granting of this variance, the owner accepts, on demand, to defend such actions on behalf of TSSA and to assume any costs, legal or otherwise, for the defense or settlement of such claims. Failure to comply with any of the terms and conditions of the variance voids the variance.

FORM #: FS-013-v2



PAYMENT INSTRUCTIONS

TSSA use only	L #	CH#	
WO#			

If paying by cheque, bank draft, money order, this form must accompany all applications submitted to TSSA. A separate payment form is required for each application. Please refer to our fee schedule posted on our website www.tssa.org. HST Registration No: 891131369.

Payment Options:

Credit Card - Click link below

TSSA Service Prepayment Portal

https://forms.tssa.org/Payments/Service-Prepayment-Portal

Cheque, Bank Draft or Money Order (payable to Technical Standards and Safety Authority)

Name of Applicant/Organization:
Telephone No:
Email Address:

Cheque/Bank Draft/Money Order #:_______

Mail payment along with a copy of your application to:

Attention: Accounts Receivable Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9

If a copy of the application is not submitted with your payment, this will delay the processing of the application.

Dishonored Payments: A \$35 administration fee will apply for each returned item