



PLUMBING PERMIT APPLICATION FORM

Roll Number: _____

Development Number: _____

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: Homeowner Contractor

Cost of Installation (Labor & Material): \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Safety Codes Act. Section 25(1) of the Permit Regulation states: "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days." An extension can be considered when applied for in writing prior to permit expiry date.

Owner Name: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

Owner's Signature / Declaration (Single Family Residential Only)

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property."

Company Name: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

Installer's Number _____ Print Installer's Name _____ Installer's Signature _____

Project Location in the City of Cold Lake:

Street Address: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:	WATER AND OR SEWER SERVICE:	PLUMBING DESCRIPTION OF WORK:
<input type="checkbox"/> Residential	Kitchen Sinks _____	<input type="checkbox"/> Disconnect from Septic Connect to Municipal Sewer	_____
<input type="checkbox"/> Commercial	Basins _____	<input type="checkbox"/> Water and/or Sewer Services	_____
<input type="checkbox"/> Industrial	Showers _____	<input type="checkbox"/> Mobile Home/Factory Assembled Building Connection	_____
<input type="checkbox"/> Oilfield/Gas	Laundry _____		_____
<input type="checkbox"/> Institutional	Toilets _____		_____
<input type="checkbox"/> Mobile	Washers _____		_____
<input type="checkbox"/> Manufactured	Bathtubs _____		_____
	Floor Drains _____		_____
	Grease Traps _____		_____
	Bidets/Water Fountains _____		_____
	Urinals _____		_____
	Other _____		_____
	Total _____		_____

Payment Type: Cash Cheque On Account Interac

OFFICE USE ONLY

Permit Fee: \$ _____

Issuing Officer's Name: _____

+ SCC Levy*: \$ _____

Issuing Officer's Signature: _____

+ Admin Fees: \$ _____

Designation Number: _____

Total Cost: \$ _____

Receipt #: _____

Permit Issue Date: DD / MMM / YYYY

*\$4.50 or 4% of the permit fee maximum \$560.00

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS PRIOR TO COVER OR CONCEALMENT ALLOWING TWO WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.

5513 – 48 Avenue, Cold Lake, AB • T9M 1A1 • Phone: 780 594 4494 • Fax: 780 594 3480

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