



**Town of Daysland**

PO Box 610, 5130 50 St.  
Daysland, AB T0B 1A0  
Phone: (780) 374-3767  
Fax: (780) 374-2455  
www.daysland.com

**The Inspections Group Inc.**

12010 111 Avenue  
Edmonton, AB T5G 0E6  
Phone: (780) 454-5048 Toll Free: (866) 554-5048  
Fax: (780) 454-5222 Toll Free: (866) 454-5222  
www.inspectionsgroup.com

**PLUMBING PERMIT APPLICATION FORM**

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 Alberta Safety Codes Act. A permit may expire 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. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations".

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 Town of Daysland:**

Street Address: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
Directions: \_\_\_\_\_

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 _____	_____
<input type="checkbox"/> Farm/Ranch	Basins _____	Municipal Sewer _____	_____
<input type="checkbox"/> Commercial	Showers _____	<input type="checkbox"/> Water and/or Sewer Services _____	_____
<input type="checkbox"/> Industrial	Laundry _____	<input type="checkbox"/> Mobile Home/Factory Assembled _____	_____
<input type="checkbox"/> Oilfield/Gas	Toilets _____	Building Connection _____	_____
<input type="checkbox"/> Institutional	Washers _____		_____
<input type="checkbox"/> Mobile	Bathtubs _____		_____
<input type="checkbox"/> Manufactured	Floor Drains _____		_____
	Grease Traps _____		_____
	Bidets/Water Fountains _____		_____
	Urinals _____		_____
	Other _____		_____

I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested may be charged at a rate of \$150 per inspection (plus Levy).  
\_\_\_\_\_(Applicant Signature)      **ROUGH IN** or **FINAL**  
 Accept       Accept       Other: \_\_\_\_\_  
 Decline       Decline  
**\*Homeowner applicants must select 2 stages of inspection / Contractors may select only 1 inspection, additional selected inspections will be charged at \$150/ Inspection (plus Levy)**

Payment Type:  Cash  Cheque  C/C Agreement  Interac

**TIGI OFFICE USE ONLY**

Permit Fee: \$ \_\_\_\_\_  
+ SCC Levy\*: \$ \_\_\_\_\_  
Total Cost: \$ \_\_\_\_\_      Receipt #: \_\_\_\_\_

Issuing Officer's Name: \_\_\_\_\_  
Issuing Officer's Signature: \_\_\_\_\_  
Designation Number: \_\_\_\_\_  
Permit Issue Date: DD / MMM / YYYY

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

**PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.**

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.