



Village of Kitscoty

PO Box 128
Kitscoty, AB T0B 2P0
Phone: (780) 846 2221
Fax: (780) 846 2213
www.vokitscoty.ca

The Inspections Group Inc.

12010 - 111 Avenue NW
Edmonton, AB T5G 0E6
Phone: (780) 454 5048 / (866) 554 5048
Fax: (780) 454 5222 / (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 Kitscoty:
Street Address: Tax Roll #:
Legal Subdivision: Part of: Section: Township: Range: West of:
Subdivision Name: Lot: Block: Plan:
Directions:

Table with 4 columns: TYPE OF OCCUPANCY, NUMBER OF FIXTURES, WATER AND OR SEWER SERVICE, PLUMBING DESCRIPTION OF WORK.

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 \$100 per inspection (plus Levy).
ROUGH IN or FINAL
(Applicant Signature)

Payment Type: Cash Cheque C/C Agreement Interac
Permit Fee: \$
+ SCC Levy*: \$
Total Cost: \$ Receipt #:
*\$4.50 or 4% of the permit fee maximum \$560.00

OFFICE USE ONLY
Issuing Officer's Name:
Issuing Officer's Signature:
Designation Number:
Permit Issue Date: DD / MMM / YYYY

PLEASE REMIT PAYMENT TO THE INSPECTIONS GROUP INC.

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.