

**PARKS
CANADA**



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
questions@inspectionsgroup.com

PLUMBING INSPECTION APPLICATION FORM

Application Date: _____

Estimated Project Completion Date: _____

Applicant Type: Homeowner Contractor

Cost of Installation (Labor & Material): _____

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

Owner's Signature

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 Parks Canada

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 _____		_____

Payment Type: Cash Cheque C/C Agreement Interac

Permit Fee: \$ _____

Receipt #: _____

TIGI OFFICE USE ONLY

Reviewing Officer's Name: _____

Reviewing Officer's Signature: _____

Designation Number: _____

Issue Date: _____

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