



Kehewin Cree Nation
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The Inspections Group Inc.
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PLUMBING PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: Contractor

Cost of Installation (Labor & Material): _____

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

Owner's Signature

Contractor 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 Kehewin Cree Nation:
 House #: _____ 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 Municipal Sewer	_____
<input type="checkbox"/> Farm/Ranch	Basins _____	<input type="checkbox"/> Water and/or Sewer Services	_____
<input type="checkbox"/> Commercial	Showers _____	<input type="checkbox"/> Mobile Home / Factory Assembled	_____
<input type="checkbox"/> Industrial	Laundry _____	Building Connection	_____
<input type="checkbox"/> Oilfield/Gas	Toilets _____		_____
<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 will be charged at a rate of \$150 per inspection.

ROUGH IN Accept and FINAL Accept Other: _____

_____ (Applicant Signature) *Re-inspection and additional selected inspections will be charged at \$150/ Inspection

Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> C/C Agreement <input type="checkbox"/> Interac Permit Fee: \$ _____ Total Cost: \$ _____ Receipt #: _____	TIGI OFFICE USE ONLY Issuing Officer's Name: _____ Issuing Officer's Signature: _____ Designation Number: _____ Permit Issue Date: <u>DD / MMM / YYYY</u>
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REMIT PAYMENT AND APPLICATION 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 in accordance with the Freedom of Information and Protection of Privacy Act.