

# PLUMBING PERMIT APPLICATION



[received date stamp]

[agency file no.]

[eSITE permit no.]

## APPLICANT, OWNER, & CONTRACTING COMPANY INFORMATION

**Application Date** (mmm/dd/yyyy):  **Other Permits Required:**  Building  Electrical  Gas  Private Sewage  Not Applicable  
(under separate application)

**Development Permit No.** (only if applicable):  **Building Permit No.** (only if applicable):   
**Estimated Start Date** (mmm/dd/yyyy):  **Estimated Project Completion Date** (mmm/dd/yyyy):   
**Permit Applicant:**  Owner  Contractor **Value of Work** (labour and materials): \$

**Owner Name** (please print):   
**Mailing Address:**  **City / Town / Village:**  **Province:**  **Postal Code:**   
**Email:**  **Phone:**  **Fax:**

**Contracting Company Name** (please print):  **Contact Name** (please print):   
**Mailing Address:**  **City / Town / Village:**  **Province:**  **Postal Code:**   
**Email:**  **Phone:**  **Fax:**

## PROJECT LOCATION

**Municipality:**  **Subdivision / Hamlet:**  **Tax Roll No.:**   
**Street / Rural Address:**  **Unit:**   
**Lot:**  **Block:**  **Plan:**   
**LSD:**  **Quarter:**  **Section:**  **Township:**  **Range:**  **West of:**   
**Directions:**

**Description of Work** (please provide a complete and detailed description of what is intended to be completed):

**WORK MUST BE INSPECTED BEFORE COVERING**  Work has not started  Work is in progress  Work is complete

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES
<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Relocatable Industrial # of drops: <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation (Interior) <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Service Connection <input type="checkbox"/> Annual Permit <input type="checkbox"/> Manufactured Homes/RTM # of drops: <input type="text"/> Foundation Type: <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>	Kitchen Sinks: <input type="text"/> Laundry Tubs: <input type="text"/> Lavatory Sinks: <input type="text"/> Clothes Washer: <input type="text"/> Showers: <input type="text"/> Roof Drains: <input type="text"/> Bathtubs: <input type="text"/> Floor Drains: <input type="text"/> Toilets/Bidets: <input type="text"/> Grease Traps: <input type="text"/> Urinals: <input type="text"/> Water Fountains: <input type="text"/> Janitor Sink: <input type="text"/> Other Fixtures: <input type="text"/> <b>Total # of Fixtures:</b> <input type="text"/>

FOIP Notification: Personal information collected on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It is used for processing permit applications, issuing permits, safety codes compliance monitoring, verification and program evaluation. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Questions about this collection may be directed to ASCA Coordinators at 1-888-413-0099 or at Suite 500, 10405 Jasper Avenue, Edmonton, AB T5J 3N4.

**Journeyman's Name** (please print):  **Certification No.:**  **Journeyman's Signature:**   
**Homeowner's signature** (homeowner permit only)  
**Homeowner Declaration:** By signing this application I hereby certify that I own/will own and occupy this dwelling

## OFFICE USE ONLY

**Permit Fee:** \$  **Travel Fee:** \$  **SCO/Permit Issuers Name** (please print):   
**Council Levy:** \$  (\$4.50 or 4% of the permit fee maximum \$560.00) **SCO/Permit Issuers Signature:**   
**Total Cost:** \$  **Designation No.:**   
 Cash  Cheque  Debit **Receipt No.:**  **Permit Issue Date** (mmm/dd/yyyy):   
 Credit Card (attach signed credit card authorization form)  Invoiced