

PLUMBING PERMIT APPLICATION

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: _____ Owner's Phone #: _____ Fax: _____

Contracting Company Name (please print): _____ **Contact Name (please print):** _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

Email: _____ Contact's Phone #: _____ Fax: _____

Project Location

(Municipality): _____ Subdivision/Hamlet Name: _____ 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 the work to be completed including all applicable drawings/documents):

Work has not started Work is in progress Work is complete

WORK MUST BE INSPECTED BEFORE COVERING

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"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Relocatable Industrial # of drops _____ <input type="checkbox"/> Other _____	<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 _____ Foundation Type _____ <input type="checkbox"/> Other _____	Kitchen Sinks: _____ Lavatory Sinks: _____ Showers: _____ Bathtubs: _____ Toilets/Bidets: _____ Urinals: _____ Janitor Sink: _____ Total # of Fixtures _____	Laundry Tubs: _____ Clothes Washer: _____ Roof Drains: _____ Floor Drains: _____ Grease Traps: _____ Water Fountains: _____ Other Fixtures: _____

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): _____

SCC 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: _____
 Credit Card (attach signed credit card authorization form) Invoiced (mmm/dd/yyyy)