



Summer Village of West Cove

721 Valking Road
West Cove, AB T0E 0A2
Phone: (780) 967 0271
Fax: (780) 967 0431
www.svwestcove.ca

The Inspections Group Inc.

12010 - 111 Avenue NW
Edmonton AB T5G 0E6
Phone: (780) 454 5048 Toll Free: (866) 554 5048
Fax: (780) 454 5222 Toll Free: (866) 454 5222
www.inspectionsgroup.com

PLUMBING PERMIT APPLICATION FORM

Building Permit #: _____

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 Summer Village of West Cove:

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 will be charged at a rate of \$150 per inspection (plus Levy).
ROUGH IN or FINAL
[] Accept [] Accept [] Other:
[] Decline [] Decline
*Homeowner applicants must select 2 stages of inspection if over 5 fixtures installed
*Residential Contractors may select only 1 inspection
*Additional selected inspections will be charged at \$150/ Inspection (plus Levy)

Payment Type: [] Cash [] Cheque [] C/C Agreement [] Interac
Permit Fee: \$
+ SCC Levy*: \$
Total Cost: \$ Receipt #:
TIGI OFFICE USE ONLY
Issuing Officer's Name:
Issuing Officer's Signature:
Designation Number:
Permit Issue Date: DD / MMM / YYYY