

**Summer Village of Castle Island**

#7 Delwood Place  
 ST ALBERT, AB T8N 6Y5  
 Phone: (780) 418-8348  
 Fax: (780) 419-2476

PERMIT STICKER

**The Inspections Group Inc.**

12010 – 111 Avenue NW  
 Edmonton AB T5G 0E6  
 Phone: 780 454-5048 / Toll Free: 866 554-5048  
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 www.inspectionsgroup.com

**PLUMBING PERMIT APPLICATION FORM**Application Date: DD / MMM / YYYYEstimated Project Completion Date: DD / MMM / YYYYApplicant Type:  Homeowner  Contractor

Cost of Installation (Labor &amp; Material): \_\_\_\_\_

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. Section 25(1) of the Permit Regulation states: "A permit expires 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 Castle Island:**

Street Address: \_\_\_\_\_

Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Directions: \_\_\_\_\_

**TYPE OF OCCUPANCY:**

- Residential  
 Farm/Ranch  
 Commercial  
 Industrial  
 Oilfield/Gas  
 Institutional  
 Mobile  
 Manufactured

**NUMBER OF FIXTURES:**

- Kitchen Sinks \_\_\_\_\_  
 Basins \_\_\_\_\_  
 Showers \_\_\_\_\_  
 Laundry \_\_\_\_\_  
 Toilets \_\_\_\_\_  
 Washers \_\_\_\_\_  
 Bathtubs \_\_\_\_\_  
 Floor Drains \_\_\_\_\_  
 Grease Traps \_\_\_\_\_  
 Bidets/Water Fountains \_\_\_\_\_  
 Urinals \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe under description of work)

**WATER AND OR SEWER SERVICE:**

- Disconnect from Septic Connect to Municipal Sewer  
 Water and/or Sewer Services  
 Mobile Home/Factory Assembled Building Connection  
 Seasonal Property?  Yes  No

**PLUMBING DESCRIPTION OF WORK:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Payment Type:  Cash  Cheque  Credit Card  Interac

Permit Fee: \$ \_\_\_\_\_

+ SCC Levy\*: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

\*\$4.50 or 4% of the permit fee maximum \$560.00

**TIGI OFFICE USE ONLY**

Issuing Officer's Name: \_\_\_\_\_

Issuing Officer's Signature: \_\_\_\_\_

Designation Number: \_\_\_\_\_

Permit Issue Date: DD / MMM / YYYY

**REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC. PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.**

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.