



### Summer Village of Seba Beach

PO Box 190  
SEBA BEACH AB T0E 2B0  
Phone: (780) 797 3863  
Fax: (780) 797 3800  
www.sebabeach.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

Permit #: \_\_\_\_\_

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type:  Homeowner  Contractor

Cost of Installation (Labour & 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 Seba Beach:

Street Address: \_\_\_\_\_  
Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
Subdivision Name: \_\_\_\_\_ 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"/> Commercial	Showers _____	<input type="checkbox"/> Water and/or Sewer Services	_____
<input type="checkbox"/> Industrial	Laundry _____	<input type="checkbox"/> Mobile Home / Factory Assembled	_____
<input type="checkbox"/> Oilfield/Gas	Toilets _____	Building Connection	_____
<input type="checkbox"/> Institutional	Washers _____	Seasonal Property? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Mobile	Bathbubs _____		_____
<input type="checkbox"/> Manufactured	Floor Drains _____		_____
	Grease Traps _____		_____
	Bidets/Water Fountains _____		_____
	Urinals _____		_____
	Other _____ <small>(Describe in description of work)</small>		_____

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 \$85 per inspection (plus Levy).  
\_\_\_\_\_  
(Applicant Signature)

**ROUGH IN** or **FINAL**  
 Accept  Accept  Other: \_\_\_\_\_  
 Decline  Decline  
**\*Homeowner applicants must select 2 stages of inspection over 5 fixtures installed**  
**\*Residential Contractors may select only 1 inspection**  
**\*Additional selected inspections will be charged at \$85/ Inspection (plus Levy)**

Payment Type:  Cash  Cheque  C/C Agreement  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 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 under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.