

**The Summer Village of Mewatha Beach**

64 Newcastle Road  
 Sherwood Park, AB T8A 6K8  
 Phone: 780 239 7323  
 Fax: 780 416 6353  
 www.mymewathabeach.com

**The Inspections Group Inc.**

12010 111 Avenue  
 Edmonton, AB T5G 0E6  
 Phone: 780 454 5048 Toll Free: 1 866 554 5048  
 Fax: 780 454 5222 Toll Free: 1 866 454 5222  
 www.inspectiongroup.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. 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 Mewatha Beach:**

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 in 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 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.