



Town of Bow Island
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The Inspections Group Inc
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Please submit all permit applications to south@inspectionsgroup.com for review and processing.

PLUMBING PERMIT APPLICATION FORM

Development Permit Number: _____ Estimated Project Completion Date: _____
 Building Permit Number (if applicable): _____ Project Value (labour and material): \$ _____
 Applicant Type: Owner Contractor Work: has not started is in progress is complete

OWNER / APPLICANT: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

CONTRACTOR: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

PROJECT LOCATION:
 Municipality: _____ Subdivision / Hamlet Name: _____
 Street Address: _____
 Legal Land Description: LSD: _____ Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Lot: _____ Block: _____ Plan: _____ Tax Roll Number: _____
 Directions: _____

BUILDING TYPE:	TYPE OF WORK:	NUMBER OF FIXTURES:	
<input type="checkbox"/> Residential	<input type="checkbox"/> New Work	Kitchen Sinks _____	Grease Traps _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Addition	Basins _____	Bidets _____
<input type="checkbox"/> Industrial	<input type="checkbox"/> Renovation, Alteration	Showers _____	Water Fountains _____
<input type="checkbox"/> Institutional	<input type="checkbox"/> Connection	Laundry Tubs _____	Urinals _____
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Annual Permit	Water Closets _____	Other (specify) _____
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	Automatic Washers _____	
		Bathtubs _____	
		Floor Drains _____	Total Fixtures _____

DESCRIPTION OF WORK: _____

Journeyperson's Name (print) _____ Journeyperson's Certificate Number _____ Journeyperson's Signature _____ Homeowner's Signature (homeowner permit only) _____
I hereby declare that I am the owner of the premises where the work will be conducted and/or currently reside or intend to reside on the property. I assume responsibility for ensuring compliance with the applicable Act and Regulations.

TIGI OFFICE USE ONLY

PAYMENT TYPE:
 Cheque Mastercard Visa AMEX Interac e-Transfer Invoice
Permit Fee: \$ _____
+ SCC Levy*: \$ _____
= Total Cost: \$ _____ **Receipt #:** _____

APPLICATION DETAILS:
Application Date: _____
Permit Number: _____

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

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.