



Town of Magrath
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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