



Town of Bow Island
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The Inspections Group Inc
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 www.inspectionsgroup.com

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:

- Residential
- Commercial
- Industrial
- Institutional
- Agricultural
- Other (specify) _____

TYPE OF WORK:

- New Work
- Addition
- Renovation, Alteration
- Connection
- Annual Permit
- Other (specify) _____

NUMBER OF FIXTURES:

Kitchen Sinks _____	Grease Traps _____
Basins _____	Bidets _____
Showers _____	Water Fountains _____
Laundry Tubs _____	Urinals _____
Water Closets _____	Non-Potable Water Systems _____
Automatic Washers _____	Other (specify) _____
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 #: _____

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

APPLICATION DETAILS:

Application Date: _____

Permit Number: _____

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.