



Municipality of Crowsnest Pass
 PO Box 600
 Crowsnest Pass, Alberta, T0K 0E0
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 reception@crowstpass.com
 www.crowstpass.com



The Inspections Group Inc
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 Lethbridge, Alberta, T1H 6T5
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Please submit all permit applications to reception@crowstpass.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 _____	Non-Potable Water Systems _____
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	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) <small>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.</small>
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Please be advised that **payment must be received prior to the processing of any code review or the issuance of a permit.** Permits may be canceled upon request; however, depending on the stage of the permit or application at the time of cancellation, **a minimum fee of \$100 will be retained** in accordance with the Municipality of Crowsnest Pass' Permit Fee Schedule.

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: _____
Internal File Number: _____
Wildland Urban Interface Rating: _____

The personal information provided as part of this application is collected under the authority of the Safety Codes Act, the Municipal Government Act, and in accordance with the Protection of Privacy Act (POPA) and the Access to Information Act (ATIA). This information is required and will be used for issuing permits, verifying and monitoring compliance with safety codes, and for property assessment purposes. The name of the permit holder and the nature of the permit may be made available to the public upon request. If you have any questions about the collection or use of your personal information, please contact the Municipality.