



Municipality of Crowsnest Pass
PO Box 600
Crowsnest Pass, Alberta, T0K 0E0
PH: (403) 562-8833
reception@crowsnestpass.com
www.crowsnestpass.com



The Inspections Group Inc
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Fax: (587) 787-4142
south@inspectionsgroup.com
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Please submit all permit applications to reception@crowsnestpass.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) _____
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.

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: _____

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