



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	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: _____

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