



Municipal District of Willow Creek No. 26  
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Please submit all permit applications to [south@inspectionsgroup.com](mailto: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 _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Addition	Grease Traps _____
<input type="checkbox"/> Industrial	<input type="checkbox"/> Renovation, Alteration	Bidets _____
<input type="checkbox"/> Institutional	<input type="checkbox"/> Connection	Showers _____
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Annual Permit	Water Fountains _____
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	Laundry Tubs _____
		Urinals _____
		Water Closets _____
		Non-Potable Water Systems _____
		Automatic Washers _____
		Bathtubs _____
		Floor Drains _____
		Other (specify) _____
		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 before any code review is processed or a permit is issued.

### TIGI OFFICE USE ONLY

PAYMENT TYPE:	APPLICATION DETAILS:
<input type="checkbox"/> Cheque <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Interac <input type="checkbox"/> e-Transfer <input type="checkbox"/> Invoice	
Permit Fee: \$ _____	Application Date: _____
+ SCC Levy*: \$ _____	Permit Number: _____
= Total Cost: \$ _____	Receipt #: _____

\* \$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 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.