



Big Lakes County
 PO Box 239, 5305 – 56 Street
 HIGH PRAIRIE AB T0G 1E0
 Phone: (866) 523 5955
 www.biglakescounty.ca



PLUMBING PERMIT APPLICATION FORM

Application Date: DD / MMM / YYYY Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: Homeowner Contractor Cost of Installation (Labor & Material Including Equipment): _____
 The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.

Owner Name: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____
Owner's Signature / Declaration (Single Family Residential Only)
 "I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations".

Company Name: _____ Mailing Address: _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

 Installer's Number Print Installer's Name Installer's Signature

Project Location in Big Lakes County:
 Street Address: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:	WATER AND OR SEWER SERVICE:	PLUMBING DESCRIPTION OF WORK:
<input type="checkbox"/> Residential	Kitchen Sinks _____	<input type="checkbox"/> Disconnect from Septic Connect to	_____ _____ _____ _____ _____ <input type="checkbox"/> Annual Permit
<input type="checkbox"/> Farm/Ranch	Basins _____	Municipal Sewer	
<input type="checkbox"/> Commercial	Showers _____	<input type="checkbox"/> Water and/or Sewer Services	
<input type="checkbox"/> Industrial	Laundry _____	<input type="checkbox"/> Mobile Home/Factory Assembled	
<input type="checkbox"/> Oilfield/Gas	Toilets _____	Building Connection	
<input type="checkbox"/> Institutional	Washers _____		
<input type="checkbox"/> Mobile	Bathbubs _____		
<input type="checkbox"/> Manufactured	Floor Drains _____		
	Grease Traps _____		
	Bidets/Water Fountains _____		
	Urinals _____		
	Other _____		

<p>Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Interac <input type="checkbox"/> M/C <input type="checkbox"/> Visa</p> <p>Permit Fee: \$ _____</p> <p>+ SCC Levy*: \$ _____</p> <p>Total Cost: \$ _____ Receipt #: _____</p> <p>*\$4.50 or 4% of the permit fee maximum \$560.00</p>	<p>The Inspections Group Inc. 300W, 14310 – 111 Avenue NW Edmonton AB T5M 3Z7 Phone: (780) 454 5048 Toll Free: (866) 554 5048 Fax: (780) 454 5222 Toll Free: (866) 454 5222 www.inspectionsgroup.com questions@inspectionsgroup.com</p>
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REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.

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.