



**Town of Taber**  
 A-4900 50 Street  
 Taber, Alberta, T1G 1T1  
 (403) 223-5500  
 planning@taber.ca  
 www.taber.ca



**The Inspections Group Inc**  
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 south@inspectionsgroup.com  
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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 _____ 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:** \_\_\_\_\_  
 \_\_\_\_\_

**Journey person's Name (print)** \_\_\_\_\_ **Journey person's Certificate Number** \_\_\_\_\_ **Journey person'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. Permits may be cancelled upon request; however, a minimum of **30% of the permit fee or more** will be retained depending on the stage of the permit or application at the time of cancellation, in accordance with the Town of Taber's Permit Fee Schedule.

#### TIGI 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:** \_\_\_\_\_

\* \$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.