COUNTY OF VERMILION RIVER
Box 69
Kitscoty, AB T0B 2P0
Phone: (780) 846-2244
www.vermilion-river.com

THE INSPECTIONS GROUP
300 West, 14310 – 111 Ave.
Edmonton, AB T5M 3Z7
(780) 454-5048 *or* Toll Free: (866) 554-5048
www.inspectionsgroup.com

PLUMBING PERMIT APPLICATION FORM

Permit Applicant: ☐ Owner ☐ Contractor

Application Date *(mm/dd/yyyy)*: _____ **Estimated Start Date** *(mm/dd/yyyy)*: _____

Development Permit No.: _____ **Estimated Completion Date** *(mm/dd/yyyy)*: _____

eSite Permit No.: _____ **Value of Work** *(labor, materials & equipment)*: $_____

Owner Name *(printed)*: _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

Email: _____ Phone #: _____

Contractor Name *(printed)*: _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

Email: _____ Phone #: _____

Municipality: COUNTY OF VERMILION RIVER **Street Address:** _____

Lot: _____ **Block:** _____ **Plan:** _____ **Subdivision/Hamlet Name:** _____

Legal Subdivision: Part of _____ **Sec:** _____ **Twp:** _____ **Range:** _____ **W4M** **Tax Roll #:** _____

Directions: _____

TYPE OF OCCUPANCY:
- ☐ Single Family Residential
- ☐ Multi-Family Residential
- ☐ Farm
- ☐ Commercial
- ☐ Industrial
- ☐ Institutional
- ☐ Oil & Gas
- ☐ Other *(specify)*: _____

TYPE OF WORK:
- ☐ New
- ☐ Addition
- ☐ Renovation
- ☐ Accessory Building
- ☐ Service Connection
- ☐ Manufactured/Modular
- ☐ Other *(specify)*: _____

NUMBER OF FIXTURES:

Kitchen Sink		Floor Drain:	
Wash Basin:		Grease Trap:	
Shower:		Toilet:	
Washing Tub:		Bathtub:	
Sump Pump:		Roof Drain:	
Floor Drain:		Bar Sink:	

Non-Potable Water System: _____
Other *(specify)*: _____
TOTAL # OF FIXTURES: _____

Description of Work: _____

_____ _____ _____
Certified Installer's Name **Certification No.** **Certified Installer's Signature**

Homeowner Signature: _____
I hereby declare that 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.

Permit Fee: $_____
+SCC Levy*: $ _____
=TOTAL COST: $ _____
Receipt #: _____
Payment Method: ☐ Credit Card ☐ Debit ☐ Cheque ☐ Cash
**SCC Levy is 4% of the permit fee with a minimum of $4.50 and a maximum of $560*

APPLICATION DETAILS:
Application Date: _____
Agency File No.: _____

Permit Issuer's Name *(print)*: _____ **Permit Issuer's Signature:** _____
Permit Issuer's Designation Number: _____ **Date of Issue** *(mm/dd/yyyy)*: _____

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.
PLEASE CONTACT YOUR SELECTED SAFETY CODES AGENCY FOR INSPECTIONS ALLOWING 48 HOURS NOTICE FOR INSPECTION

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.

Updated: May 2026