

Plumbing Permit Application

Permit Label

Other Required Permits: Bu	ilding	☐ Gas ☐ PSDS	<u>L</u>	
Permit Type: Owner Co	Development Permit Number:			
Application Date (M/D/Y): Estimated Completion Date (M/D/Y):				/D/Y):
Owner:	Mailing Address:			
City:	Prov.:	Postal Code:	Pr	none:
Cell Number:	Email Address:			Fax:
Contractor:	Mailing Address:			
City:	Prov.: _	Postal Code:		Phone:
Cell Number:	Email Address:			_ Fax:
Project Location: Name of Munici	pality:			
Street or Rural Address:	Subdivision or Hamlet Name:			
Unit or Suite #: Lot:	Block:	Plan:	Tax Roll #:	
Legal Subdivision: Part of: Directions:			ge: W of:	
Project Information: ☐ Commer Type of Work: ☐ New ☐ Renova		, _		ement Dev. Connection Other
Description of Work:				
Plumbing (Insert number of each in	tem):		Total Develo	ped Area
# Kitchen Sinks:	# Laves/Wash Basins:			Laundry Tubs:
# Toilets:	# Washing Machine:			Floor Drains:
# Sumps:	# Bar Sink:			Other Fixtures:
# of Drops (Mobile):	# Water/Sewer Connect	ion:	Т	otal # of Fixtures:
work will commence within 90 days. FOIP Information and Protection of Privacy Ac	Notification: Personal information to the state of the st	on collected on this form is mit applications, issuing pe	collected under the authority ermits, safety codes compli	rta Safety Codes Act and Regulations and of section 33(c) of the Alberta Freedom of ance monitoring, verification and program nade available to the public as required or
Journeyman's Name (Please print)	Journeyr	man's Signature		ner's Signature (Homeowner permits only)
Journeyman's Certification Number _		_		claration: By signing this permit I hereby on or will own and occupy this dwelling.
Permit Fee: \$ *S	CC Levy: \$	TOTAL FEE: \$		
*SCC Levy is 4% of the permit fee with a m Payment Method: Visa M			n / Cheaue Number	
Credit Card #:				thorization:
Name of Cardholder:				
Permit Validation Section to be con	mpleted by Permit Issuer:		Inspecting SCO:	
Special Conditions:				
Permit Issuer's Name (print or type)		Permit Issuer's S	ignature	
Permit Issuer's Designation Number:		Date of Issue (M/	D/Y):	
=		•		

Ph: 403.358.5545

T4P 3E8

Toll Free Ph: 1.888.717.2344 Toll Free Ph: 1.866.999.4777 Toll Free Ph: 1.877.320.0734

Fax: 403.717.2340 Fax: 780.489.4711 Fax: 403.320.9969 Fax: 780.870.9036 Toll Free Ph: 1.888.358.5545 Fax: 403.358.5085

Toll Free Fax: 1.888.717.2340 Toll Free Fax: 1.866.900.4711

> Toll Free Fax: 1.866.358.5085 Revised: March 12, 2018