

Plumbing Permit Application

Permit Applicant: Owner Contractor

Application Date (mm/dd/yyyy): _____

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

Development Permit No. (if applicable): _____

Estimated Completion Date (mm/dd/yyyy): _____

Building Permit No. (if applicable): _____

Value of Work (labour & materials): _____

Owner Name (printed): _____

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

***Email:** _____ **Owners Phone #:** _____ **Fax #:** _____

Contracting Company Name (printed): _____

Contact Name (printed): _____

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

***Email:** _____ **Owners Phone #:** _____ **Fax #:** _____

Project Location
Municipality: _____ **Subdivision/ Hamlet Name:** _____ **Tax Roll No.:** _____

Street/ Rural Address: _____ **Unit:** _____

*** Legal land description is required**
Lot: _____ **Block:** _____ **Plan:** _____ **LSD:** _____ **Quarter:** _____ **Section:** _____ **Township:** _____ **Range:** _____ **West of:** _____

Directions: _____

Description of Work (please provide a complete and detailed description of the work to be completed including all applicable drawings/ documents): _____

 Work has not started Work is in progress Work is complete

WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES	
<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential # of units: _____ <input type="checkbox"/> Agricultural (Farm) <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/ Alteration <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Service Connection <input type="checkbox"/> Annual Permit <input type="checkbox"/> Relocatable Industrial # of drops _____ <input type="checkbox"/> Manufactured Home/ RTM # of drops _____ Foundation Type: _____ <input type="checkbox"/> Other _____	Kitchen Sink: _____ Wash Basin: _____ Shower: _____ Laundry Tub: _____ Toilet: _____ Automatic Washer: _____ Bathtub: _____ Non-Potable Water System: _____ Other Fixtures (Specify): _____ Total # of Fixtures: _____	Floor Drain: _____ Grease Trap: _____ Bidet: _____ Drink Fountain: _____ Urinal: _____ Roof Drain: _____ Mop Sink: _____

The personal information you provide to Alberta Safety Codes Authority (ASCA) and the Safety Codes Council is authorized under section 4(c) of the Protection of Privacy (POPA) Act. This information is used to support the administration and delivery of services within ASCA's scope under the Safety Codes Act. This includes, but is not limited to, certification, accreditation, training programs, and program evaluation and planning purposes (including processing permit applications, issuing permits, monitoring and verifying compliance, and conducting investigations and audits). Information may be shared with municipalities, contracted accredited agencies, or other regulatory or governmental bodies as authorized by legislation. ASCA may disclose information in response to permit search requests associated with land transactions or due diligence processes. Additionally, contact information may be used for the Council's annual survey. Please direct questions concerning the collection of this information to the Privacy Information Coordinator at the Safety Codes Council, Suite 500, 10405 Jasper Ave. NW, Edmonton, Alberta, T5J 3N4. Email: privacy@safetycodes.ab.ca

Certified Installer's Name (please print)
Certification No.
Certified Installer's Signature
Homeowner's Signature (homeowner permit only) Homeowner Declaration: 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.

OFFICE USE ONLY
Other Permits Required Building Electrical Gas Private Sewage

 Not Applicable

Permit Fee: \$ _____

SCC Levy: \$ _____

^(\$4.50 or 4% of the permit fee maximum \$560.00)
Travel Fee: \$ _____

Total Cost: \$ _____

Receipt No.: _____

 Invoiced Cash Cheque Debit

 Credit Card Visa MC (attach signed credit card authorization form)

[Received Date Stamp]
eSITE Permit No.: _____

Agency File No.: _____