

PLUMBING PERMIT APPLICATION FORM

Place cursor over each field for instructions on how to fill out this form. See the Alberta Permit Regulation for more information.

Application Date (mmm/dd/yyyy): _____ **Other Permits Required:** Building Electrical Gas Private Sewage Not Applicable
(under separate application)

Development Permit No. (only if applicable): _____

Estimated Start Date (mmm/dd/yyyy): _____ Estimated Project Completion Date (mmm/dd/yyyy): _____

Permit Applicant: Owner Contractor Value of Work (labour and materials): \$ _____

Owner Name (please print): _____

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

Email: _____ Phone: _____ Fax: _____

Contracting Company Name (please print): _____ **Contact Name (please print):** _____

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

Email: _____ Phone: _____ Fax: _____

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

Street/Rural Address: _____ Unit: _____ Postal Code: _____

Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____

Directions: _____

Description of Work (please provide a complete and detailed description of what is intended to be completed):

Work has not started Work is in progress Work is complete

The below technical information is required.

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES	
<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Manufactured/Mobile Home No. of Drops: _____ <input type="checkbox"/> Relocatable Industrial <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Service Connection <input type="checkbox"/> Annual Permit <input type="checkbox"/> Other: _____	Kitchen Sinks: _____ Lavatory: _____ Showers: _____ Bathtubs: _____ Toilets/Bidets: _____ Urinals: _____ Janitor Sink: _____ Total No. of Fixtures: _____	Laundry Tubs: _____ Clothes Washer: _____ Roof Drains: _____ Floor Drains: _____ Grease Traps: _____ Water Fountains: _____ Other Fixtures: _____

FOIP Notification: Personal information collected on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It is used for processing permit applications, issuing permits, safety codes compliance monitoring, verification and program evaluation. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Questions about this collection may be directed to ASCA Coordinators at 1-888-413-0099 or at Suite 500, 10405 Jasper Avenue, Edmonton, AB T5J 3N4.

Journeyman's Name (please print) _____ Certification No. _____ Journeyman's Signature _____

X
 Homeowner's Signature (homeowner permit only) **Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.**

OFFICE USE ONLY			
Permit Fee: \$ _____	Travel Fee: \$ _____	SCO/Permit Issuers Name (please print): _____	
SCC Levy: \$ _____	(\$4.50 or 4% of the permit fee maximum \$560.00)	SCO/Permit Issuers Signature: _____	
Total Cost: \$ _____		Designation No.: _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit		Permit Issue Date: _____	
<input type="checkbox"/> Credit Card (attach signed credit card authorization form) <input type="checkbox"/> Invoiced		(mmm/dd/yyyy)	

City and Address: _____ Postal Code: _____ Phone: _____ Toll Free Phone: _____ Fax: _____ Toll Free Fax: _____