

PLUMBING PERMIT APPLICATION

Application Date (mmm/dd/yyyy): _____

Other Permits Required: ☐ Building ☐ Electrical ☐ Gas ☐ Private Sewage ☐ Not Applicable
(under separate application)

Development Permit No. (only if applicable): _____

Building 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: _____ **Owner's Phone #:** _____ **Fax:** _____

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

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

Email: _____ **Contact's Phone #:** _____ **Fax:** _____

Project Location

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

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

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 MUST BE INSPECTED BEFORE COVERING

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"/> Relocatable Industrial # of drops _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation (Interior) <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Service Connection <input type="checkbox"/> Annual Permit <input type="checkbox"/> Manufactured Homes/RTM # of drops _____ Foundation Type _____ <input type="checkbox"/> Other _____	Kitchen Sinks: _____ Lavatory Sinks: _____ Showers: _____ Bathtubs: _____ Toilets/Bidets: _____ Urinals: _____ Janitor Sink: _____ Total # 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 _____

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.:** _____

☐ Cash ☐ Cheque ☐ Debit **Receipt No.:** _____ **Permit Issue Date:** _____

☐ Credit Card (attach signed credit card authorization form) ☐ Invoiced (mmm/dd/yyyy)