

PLUMBING PERMIT APPLICATION FORM

Development Permit No.: _____ Other Permits Required (under separate application): Building Electrical Gas PSDS
 Application Date (mmm/dd/yyyy): _____ Estimated Project Completion Date (mmm/dd/yyyy): _____
 Permit Applicant: Owner Contractor Value of Installation (labour and material): \$ _____

Owner Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Contractor Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Contact Name: _____ Cell: _____ Email: _____ Fax: _____

Project Location: Municipality: _____ Subdivision Name: _____ Tax Roll No.: _____
 Street/Rural Address: _____ Postal Code: _____
 Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Directions: _____

Description of Work: Work has not started Work is in progress Work is complete

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES
<input type="checkbox"/> Single Residential <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 <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Skid Units <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Accessory Building <input type="checkbox"/> Ready to Move <input type="checkbox"/> Basement Development <input type="checkbox"/> Service Connection <input type="checkbox"/> Other: _____	Kitchen Sinks: _____ Bathtubs: _____ Basins: _____ Floor Drains: _____ Showers: _____ Grease Traps: _____ Laundry Tubs: _____ Bidets/Water Fountains: _____ Toilets: _____ Urinals: _____ Washing Machine: _____ Other Fixtures: _____ Total: _____ Total Footprint: _____ <input type="checkbox"/> ft ² <input type="checkbox"/> m ²

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 (print) _____ Journeyman's Signature _____ Homeowner's Signature (homeowner permit only) _____
 Journeyman's Certification No.: _____ Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.

Office Use Only		
Permit Fee: \$ _____	SCC Levy: _____	Issuing Officer's Name: _____
Total Cost: \$ _____	(\$4.50 or 4% of the permit fee maximum \$560.00)	Issuing Officer's Signature: _____
Receipt No.: _____		Designation No.: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque _____		Permit Issue Date (mmm/dd/yyyy): _____
<input type="checkbox"/> Credit Card (attach signed credit card authorization form)		