

Plumbing Permit Application Form

Permit Number: _____

PLEASE PRINT

Applicant Section:

*Applicant Name: _____

Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Fax: _____ Work: _____ Work Fax: _____

*Owner Name: _____

Mailing Address: _____

CCity: _____ Prov.: _____ Postal Code: _____

Phone: _____ Fax: _____ Work: _____ Work Fax: _____

*Contractor Name: _____

Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Fax: _____ Work: _____ Work Fax: _____

Project Location:

Municipal (Street) Address: _____ Bldg. Permit #: _____

Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____

Project Information:

Does this installation require a service connection? YES NO

Permit Type: Owner Certified Installer

Intended Use:

- Single Family or Farm Building – 5 Fixtures or Less
- Public Institution, Commercial etc. – 10 Fixtures or Less
- Contractor – Single Family or Farm Building – More than 5 Fixtures
- Public Institution, Commercial etc. – More than 10 Fixtures
- Homeowner – Single Family or Farm Building – More than 5 Fixtures

Project Type:

- Public Institution Commercial Industrial
- Multi-Family Residential Single Family Farm Building

No. of Fixtures:

Automatic Washers _____ Bathtubs _____ Bidets/Dr. Fountains _____
Floor Drains _____ Grease Traps _____ Kitchen Sinks _____
Laundry Tubs _____ Laves/Wash Basins _____
Showers _____ Urinals _____ Water Closets _____
Other Fixtures _____ (Please Specify) _____
Total # of Fixtures _____

Building Area: _____ Sq. Feet
Value of Work (Materials & Labour): _____

Construction Detail:

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days and expires after one year without an extension request.

Contractor Permit:

Journeyman's Name: _____ Journeyman's Class & #: _____

Journeyman's Signature

Date

Owner Permit:

Owner's signature/declaration (homeowner permits only)

Date

" I hereby declare I am the owner of the premises in which the work will be conducted, and reside on the property.

I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Village of Thorsby, Box 297, Thorsby, AB T0C 2P0 or call (780) 789-3935.

For Office Use Only

Issuing Officer: _____

Designation #: _____

Signature: _____ Issue Date: _____

Permit Conditions:

Permit Fee \$ _____

Paid by:

*Safety Codes Fee \$ _____

CASH DEBIT CHEQUE # _____

TOTAL \$ _____

PLEASE INVOICE Receipt # _____

*Add Safety Codes Fee of \$4.00 minimum or 3.5% of permit cost, whichever is greater up to a maximum of \$500.00.

Please contact Inspections Group at 454-5048 or fax 454-5222 for all inspection requests on your projects.