



**PLUMBING PERMIT APPLICATION FORM**

**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

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	Receipt No.: _____	Permit Issue Date: _____	
<input type="checkbox"/> Credit Card (attach signed credit card authorization form)	<input type="checkbox"/> Invoiced	(mmm/dd/yyyy)	