

CONTRACTOR PLUMBING PERMIT APPLICATION

DATE OF APPLICATION: DEVELOPMENT PERMIT: ESITE #:	
OWNER INFORMATION	
Owner Name:	Phone:
Mailing Address:	
City & Postal Code:	Cell:
	E-mail:
APPLICANT/CONTRACTOR INFORMATION	
Contractor Name:	Phone:
Mailing Address:	_
City & Postal Code:	Cell:
Journeyman Class & Number:	E-mail:
PROPERTY LOCATION	
	ADDRESS:
Legal Description: Lot/Unit Block Pl	
	Part of1/4SecTWPRGWMer
Brief Directions:	
PROJECT INFORMATION	
ESTIMATED START DATE: Type of Work:	ESTIMATED COMPLETION DATE: Connection Temporary Other (Specify:
Intended Use: □ Institutional □ Industrial □ Commercial □ Residential □ Basement Dev □ Garage of Small Accessory Building □ Other (Specify):	
Value: Labour & Materials: \$ Total Development Area: Please mark number of fixtures:	
Kitchen Sinks: Showers:	Bar Sinks:
Wash Basins: Water Closets:	Other: Specify:
Bathtub: Auto Washers:	Water Sewer Connection:
TOTAL NUMBER OF FIXTURES: DESCRIPTION OF WORK:	
The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and will commence within 90 days. This permit will expire in one year.	
APPLICANT NAME (Print):	APPLICANT SIGNATURE:
FOR OFFICE USE ONLY: (SSCI \$ Town \$) = Permit Fee \$ + SCC Levy \$ = TOTAL FEE\$	