



PERMIT LABEL

CONTRACTOR PLUMBING PERMIT APPLICATION

DATE OF APPLICATION: _____ DEVELOPMENT PERMIT: _____ ESITE #: _____

OWNER INFORMATION	
Owner Name: _____	Phone: _____
Mailing Address: _____	Fax: _____
City & Postal Code: _____	Cell: _____
	E-mail: _____
APPLICANT/CONTRACTOR INFORMATION	
Contractor Name: _____	Phone: _____
Mailing Address: _____	Fax: _____
City & Postal Code: _____	Cell: _____
Journeyman Class & Number: _____	E-mail: _____
PROPERTY LOCATION	
MUNICIPALITY: TOWN OF VULCAN	CIVIC ADDRESS: _____
Legal Description: Lot/Unit _____ Block _____ Plan _____	
Subdivision Name: _____	Part of _____ 1/4Sec _____ TWP _____ RG _____ W _____ Mer _____
Brief Directions: _____	Tax Roll #: _____
PROJECT INFORMATION	
ESTIMATED START DATE: _____	ESTIMATED COMPLETION DATE: _____
Type of Work: <input type="checkbox"/> New Work <input type="checkbox"/> Renovation <input type="checkbox"/> Connection <input type="checkbox"/> Temporary <input type="checkbox"/> Other (Specify: _____)	
Intended Use: <input type="checkbox"/> Institutional <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Basement Dev	
<input type="checkbox"/> Garage of Small Accessory Building <input type="checkbox"/> 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 two years.	
APPLICANT NAME (Print): _____	APPLICANT SIGNATURE: _____
FOR OFFICE USE ONLY:	
(SSCI \$ _____ Town \$ _____) = Permit Fee \$ _____ + SCC Levy \$ _____ = TOTAL FEES \$ _____	

Submit permit applications to The Town of Vulcan
 321-2nd Street South – Box 360 – Vulcan AB T0L 2B0 – Phone 403-485-2417/Fax 403-485-2914/email admin@townofvulcan.ca – www.townofvulcan.ca
 For inspections, please contact Superior Safety Codes at
 #25, 2015 – 32 Avenue N.E. Calgary, AB T2E 6Z3 – Phone 1-888-717-2344/Fax 1-888-717-2340
www.Superior.safety.codes.com

The personal information provided as part of this application is collected under section 43 of the Safety Codes Act and sections 303 and 295 of the Municipal Government Act and in accordance with section 32(c) of 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 Town of Vulcan at (403)485-2417