

Agency label



Permit label

PLUMBING PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor Resident
 Application Date: _____ Development Permit No.: _____
 Other Permits Required (under separate application): Building Electrical Gas PSDS
 Estimated Completion Date: _____
 New Home Warranty No.: _____

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

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

Hamlet/ Subdivision Name: _____ Tax Roll No.: _____
 Street/Rural Address: _____ Unit: _____ Lot: _____ Block: _____ Plan: _____
 Legal Subdivision: Part of: _____ 1/4 Section: _____ Township: _____ Range: _____ West of: _____ M
 Directions: _____

Description of Work: _____

TYPE OF PROJECT	TYPE OF WORK	NUMBER OF FIXTURES
<input type="checkbox"/> Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other: _____ Est Project Cost: \$ _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Accessory Building <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Basement Development <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> RTM <input type="checkbox"/> Other: _____	Kitchen Sinks: _____ Washing Machines: _____ Basins: _____ Laundry Tubs: _____ Showers: _____ Floor Drains: _____ Bathtubs: _____ Grease Traps: _____ Toilets: _____ Bidets/Water Fountains: _____ Urinals: _____ Other Fixtures: _____ Total Fixtures: _____ Total Footprint: _____ <input type="checkbox"/> sq ft <input type="checkbox"/> sq. m.

Applicant Declaration: This installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. Work will commence within 90 days. Permit will expire in one (1) year unless extended in writing by a Safety Codes Officer.
Homeowners Declaration: I hereby declare that 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 the responsibility for compliance with the applicable Act & Regulations.
 Mackenzie County is not liable for any damage caused by a decision related to the system of inspections, examination, evaluations and investigations including but not limited to a decision relating to the frequency and the manner in which they are carried out as per the Alberta Safety Codes Act Section 12(2). **F.O.I.P Notification:** The personal information on this form is collected in accordance with the Safety Codes Act, the Municipal Government Act and section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act. This 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 are available to the public upon request. If you have any questions regarding the collection, use or disclosure of this information please contact the F.O.I.P Coordinator at 780-927-3718

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

For Office Use Only		
Permit Fee: \$ _____	SCC Levy: \$ _____	Total Cost: \$ _____
SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00		Building Permit No: _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Debit	<input type="checkbox"/> Invoice
<input type="checkbox"/> Cheque No.: _____		Receipt No.: _____
For credit card payments, please fill out the Credit Card Authorization Form (credit card information will be destroyed once payment has been processed)		

Permit Validation Section to be completed by the Permit Issuer:

Special Conditions: **Site inspection(s) are required to ensure compliance with the Safety Codes Act of Alberta.**

Permit Issuer's Name: _____ Permit Issuer's Signature: _____
 Designation No.: _____ Permit Issue Date: _____

Inspection Requests: contact Superior Safety Codes 866-999-4777, allow 48 hours' notice for inspection