



County of Thorhild No. 7

PO Box 10
THORHILD AB T0A 3J0
Phone: 780 398 3741
Fax: 780 398 3748

The Inspections Group Inc.

12010 - 111 Avenue, Edmonton, AB T5G 0E6
Phone: (780) 454-5048 Toll Free: 1-866-554-5048
Fax: (780) 454-5222 Toll Free: 1-866-454-5222

PLUMBING PERMIT APPLICATION

Applicant: [ ] Owner [ ] Contractor

Permit Number: \_\_\_\_\_

File Number: \_\_\_\_\_

Date of Application (Y/M/D) \_\_\_\_/\_\_\_\_/\_\_\_\_

Roll Number: \_\_\_\_\_

Table with 4 columns: TYPE OF OCCUPANCY, NUMBER OF FIXTURES, WATER AND/OR SEWER SERVICE, PRIVATE SEWAGE. Includes checkboxes for Residential, Farm/Ranch, Commercial, Industrial, Oilfield/Gas, Institutional and lists fixtures like Toilets, Basins, Laundry, Showers, Bathtubs, Kitchen Sinks, Floor Drains, Other Fixtures.

Project Installation Address \_\_\_\_\_

Legal: Lot \_\_\_\_\_ Blk \_\_\_\_\_ Plan \_\_\_\_\_ OR Part of \_\_\_\_\_ 1/4Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rg \_\_\_\_\_ W of \_\_\_\_\_

Subdivision Name (if applicable) \_\_\_\_\_ Approximate Completion Date: (Y/M/D) \_\_\_\_/\_\_\_\_/\_\_\_\_

Brief Directions to Site \_\_\_\_\_

Does this installation require a service connection? [ ] YES [ ] NO Description of work \_\_\_\_\_

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

Owners Signature/Declaration (Single Family Residential Dwelling Permits Only)
I hereby declare that I am the Owner of the premises in which the work will be conducted and reside in the residence. I am performing the work myself, and assume responsibility for compliance with all applicable Acts, Codes and Regulations.

Name \_\_\_\_\_
Phone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_
Mailing Address \_\_\_\_\_
City \_\_\_\_\_
Province \_\_\_\_\_ Postal Code \_\_\_\_\_
Email \_\_\_\_\_

Certified Plumbing Contractor Signature

Plumbing Contractor \_\_\_\_\_
Certification No. \_\_\_\_\_
Company Name \_\_\_\_\_
Phone No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_
Mailing Address \_\_\_\_\_
City \_\_\_\_\_
Province \_\_\_\_\_ Postal Code \_\_\_\_\_
Email \_\_\_\_\_

Type of Payment: [ ] MC [ ] VISA [ ] INTERAC [ ] CASH [ ] CHEQUE

Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

Cost of Installation (labour plus materials) \$ \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ + SCC Levy \$ \_\_\_\_\_

S.C.C. Fee: \$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00

Total Fees \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

AUTHORIZATION

Issuing Officer Name \_\_\_\_\_

Designation # \_\_\_\_\_

Issuing Officer's Signature \_\_\_\_\_

Date Issued \_\_\_\_\_

Please contact The Inspections Group at (780) 454-5048 Toll free: 1-866-554-5048 Fax: (780) 454-5222 for inspections allowing two working days notice!

The personal information provided as part of this application is collected under Sec. 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.