

**COUNTY OF THORHILD**

P.O. Box 10  
 Thorhild, Alta. T0A 3J0  
 Phone: (780) 398-3741  
 Fax: (780) 398-3748

**The Inspections Group Inc.**

12010 – 111 Avenue  
 Edmonton, Alta. T5G 0E6  
 Phone: (780) 454-5048  
 Fax: (780) 454-5222

**PLUMBING PERMIT**

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

PERMIT #: \_\_\_\_\_

Please Print Information Clearly!

TYPE OF OCCUPANCY	NO. OF FIXTURES	WATER AND/OR SEWER SERVICE	PRIVATE SEWAGE
<input type="checkbox"/> RESIDENTIAL	Toilets _____	<input type="checkbox"/> Disconnect from Septic Connect To Municipal	Please use separate private sewage application form
<input type="checkbox"/> FARM/RANCH	Basins _____		
<input type="checkbox"/> COMMERCIAL	Laundry _____	<input type="checkbox"/> Water and/or Sewer Services	
<input type="checkbox"/> INDUSTRIAL	Showers _____		
<input type="checkbox"/> OILFIELD/GAS	Bathtubs _____	<input type="checkbox"/> Mobile Home/Factory Assembled Building Connection	
<input type="checkbox"/> INSTITUTIONAL	Kitchen Sinks _____		
	Floor Drains _____		
	Other Fixtures _____		

1. Name of Municipality: **County of Thorhild**

2. Municipal Address (if applicable) \_\_\_\_\_

3. Legal Description: Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ W. of \_\_\_\_\_ Meridian or

4. Subdivision Name (if applicable) \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Plan \_\_\_\_\_

5. Premises owned/occupied by \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

6. Does this installation require a service connection? YES  NO

7. Permit Type: Residential Property Owner  Certified Installer

**The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days and expires after one year without an extension request.**

Installer Name \_\_\_\_\_ Installer # \_\_\_\_\_

Applicant/Contractor Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Signature \_\_\_\_\_

TYPE OF PAYMENT: ___ CASH ___ CHEQUE ___ VISA ___ INTERAC ___ OTHER Cost of Installation (labour plus materials) \$ _____ Permit Fee \$ _____ + (S.C.C. Fee) Total Fees \$ _____	<b>AUTHORIZATION</b> Issuing Officer _____ Designation # _____ Date Issued _____
--	---