



Plumbing Permit Application

The personal information as part of this application is collected under section 43 of the Safety Codes Act and sections 295 and 303 of the Municipal Government Act and in accordance with section 33 of the Freedom of Information and Protection of Privacy Act. The information collected will be used for issuing permits, safety codes compliance /verification, and monitoring and property assessment purposes. If you have any questions about the collection of information please contact the FOIPP Coordinator at 403-443-5822.

Permit Number: _____

Date Received: _____

Owner Information

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

Contractor Information

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

Project Location

Street Address: _____ Tax Roll No: _____
 Lot: _____ Block: _____ Plan: _____ Legal: _____ Section: _____ Township: _____ Range: _____ W4

Description of work: _____

| TYPE OF OCCUPANCY | TYPE OF WORK | NUMBER OF FIXTURES |
|--|--|--|
| Commercial Industrial Residential Multi-Family Institutional Other: _____ | New Addition RTM Garage Shop Connection Other: _____ | Kitchen Sinks: _____ Bathroom Sinks: _____ Showers: _____ Laundry Tubs: _____ Toilets: _____ Washers: _____ Bathtubs: _____ Floor Drains: _____ Sumps: _____ Urinals: _____ Weeping Tile: _____ Lift Stations: _____ # of Drops: _____ Mobile Connection(s): _____ Water/Sewer Connection: _____ Other: _____ Total # of Fixtures: _____ |

Permit Applicant's Name (print) _____

Permit Applicant's Signature _____

Homeowner's Signature (homeowner permit only) **Homeowner**
Declarations: By signing this I hereby certify that I own/will own and occupy this dwelling.

Date _____

Certification Number _____

FOR OFFICE USE ONLY

| | |
|----------------------|------------------------------------|
| Permit Fee: \$ _____ | Issuing Officer's Name: _____ |
| Admin Fee: \$ _____ | Issuing Officer's Signature: _____ |
| SCC Levy: \$ _____ | Designation No.: _____ |
| Total Fee: \$ _____ | Permit Issue Date: _____ |

Special Conditions: _____



Please contact Park Enterprises Ltd.
 for inspections & inquiries
 Phone: 1-800-621-5440
 Email: scheduling@parkinspections.com

Inspection Required: Rough In Below Grade Rough In Above Grade Final