

Plumbing Permit Application Form

Permit Type: Owner Contractor Estimated Project Completion Date: _____

Application Date (M/D/Y): _____ Building Permit Number: _____

Owner Information
Name: _____ Address: _____
Phone: _____ City: _____ Prov: _____ Postal Code: _____
Alt Phone: _____ Fax: _____ Email Address: _____

Contractor Information
Name: _____ Address: _____
Phone: _____ City: _____ Prov: _____ Postal Code: _____
Alt Phone: _____ Fax: _____ Email Address: _____

Project Location: PARKLAND COUNTY Municipal Address: _____
Plan: _____ Block: _____ Lot: _____ Subdivision: _____
Legal Subdivision: W of: _____ M Rg: _____ Twp: _____ ¼ Sect: _____ Part of: _____ Tax Roll #: _____
Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional
Type of Work: New Renovations Relocation Addition Connection Basement Development Other _____
Description of Work: _____

Plumbing (Insert number of each item):

# Kitchen Sinks: _____	# Laves/Wash Basins: _____	# Showers: _____	# Laundry Tubs: _____
# Water Closets: _____	# Automatic Washers: _____	# Bathtubs: _____	# Floor Drains: _____
# Sumps: _____	# Bar Sink: _____	# Urinals: _____	# Other Fixtures: _____

Total # of Fixtures: _____ Mobile Home Connection: _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the *Alberta Safety Codes Act and Regulations*. The permit applicant/owner acknowledges that as per Section 12(2) of the *Alberta Safety Codes Act*, Parkland County is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out.

Journeyman's Name (Please print) Journeyman's Signature Homeowner's Signature (Homeowner permits only)

Journeyman's Certification Number

Permit Fee: \$ _____ ***SCC Levy:** \$ _____ (*4% of permit fee with a minimum of \$4.50) **TOTAL FEE:** \$ _____

Payment Method: Visa M/C Debit Cheque Cash Receipt No. _____

FOR INSPECTIONS please contact PARKLAND COUNTY at: Ph. 780-968-8472; Fax 780-968-3225 or inspections@parklandcounty.com - Allow 48 hour's notice for inspection

For Office Use Only – Credit Card Authorization

PAYMENT AMOUNT: _____

Card Holder: _____

Card #: _____

Expiry Date: _____ CSV # (3 digit # on back of credit card) _____

Signature: _____

Please note that permits will not be processed until payment is received.

The application can be dropped off at our office, emailed to safetycodes@parklandcounty.com, mailed/couriered or via faxed to 780-968-3225.