



# CITY OF LLOYDMINSTER PLUMBING PERMIT

Permit Number

Permit Applicant Type:  Contractors ONLY

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

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

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

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

### APPLICANT INFORMATION

Owner Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alt Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alt Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### SITE INFORMATION

Civic Address of Property to be Developed: \_\_\_\_\_  
Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Subdivision Name: \_\_\_\_\_

### INSTALLATION INFORMATION

Project Information:  Commercial  Residential  Multi Family  Industrial  Institutional  
Type of Work:  New  Addition  Renovation  Accessory Building  Manufactured Home  Basement Dev.  Other  
Description of Work: \_\_\_\_\_

### Plumbing (Insert number of each item):

# Kitchen Sinks: \_\_\_\_\_ # Laves/Wash Basins: \_\_\_\_\_ # Showers: \_\_\_\_\_ # Laundry Sinks: \_\_\_\_\_  
# Toilets: \_\_\_\_\_ # Washing Machine: \_\_\_\_\_ # Bathtubs: \_\_\_\_\_ # Floor Drains: \_\_\_\_\_  
# Bar Sink: \_\_\_\_\_ # Drinking Fountains: \_\_\_\_\_ # Urinals: \_\_\_\_\_ # Other Fixtures: \_\_\_\_\_  
Total # of Fixtures: \_\_\_\_\_

### APPLICATION TERMS & CONDITIONS

**Terms and Conditions:** I hereby agree that I have read this application and state that the above is correct and agree to comply with all City Bylaws and/or Provincial Laws which are applicable to this application. It is expressly understood that the issuing of a plumbing permit and review of plans does not relieve the applicant or owner from complying with all Bylaws, though not called for in the specifications or shown on the plans or information submitted and/or this application.

Journeyman Plumber's Name (Please print) \_\_\_\_\_ Journeyman's Certification Number \_\_\_\_\_ Journeyman's Signature \_\_\_\_\_

### PERMIT FEES & PAYMENT INFORMATION (For Office Use Only)

Permit Fee: \$ \_\_\_\_\_  
Payment Method:  Visa  M/C  Debit  Cheque  Cash Cheque Number / Authorization: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_  
Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

### PERMIT VALIDATION SECTION (For Office Use Only)

Special Conditions: \_\_\_\_\_  
Permit Issuer's Name (print or type) \_\_\_\_\_ Permit Issuer's Signature \_\_\_\_\_  
Permit Issuer's Designation Number: \_\_\_\_\_ Date of Issue (M/D/Y): \_\_\_\_\_



INSPECTION REQUESTS please contact Superior Safety Codes at:  
Ph. 780-870-9020 Fax 780-870-9036  
Allow 24-48 hours notice for inspection