

Plumbing Permit Application

Permit Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor Application Date (mm/dd/yyyy): _____ Estimated Start Date (mm/dd/yyyy): _____ Development Permit No. (if applicable): _____ Estimated Completion Date (mm/dd/yyyy): _____ Building Permit No. (if applicable): _____ Value of Work (labour & materials): _____		
Owner Name (printed): _____ Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____ *Email: _____ Owners Phone #: _____ Fax #: _____		
Contracting Company Name (printed): _____ Contact Name (printed): _____ Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____ *Email: _____ Owners Phone #: _____ Fax #: _____		
Project Location Municipality: _____ Subdivision/ Hamlet Name: _____ Tax Roll No.: _____ Street/ Rural Address: _____ Unit: _____ * Legal land description is required Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____ Directions: _____		
Description of Work (please provide a complete and detailed description of the work to be completed including all applicable drawings/ documents): <div style="text-align: center;"> <input type="checkbox"/> Work has not started <input type="checkbox"/> Work is in progress <input type="checkbox"/> Work is complete WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING </div>		
TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES
<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential # of units: _____ <input type="checkbox"/> Agricultural (Farm) <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/ Alteration <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Service Connection <input type="checkbox"/> Annual Permit <input type="checkbox"/> Relocatable Industrial # of drops _____ <input type="checkbox"/> Manufactured Home/ RTM # of drops _____ Foundation Type: _____ <input type="checkbox"/> Other _____	Kitchen Sink: _____ Floor Drain: _____ Wash Basin: _____ Grease Trap: _____ Shower: _____ Bidet: _____ Laundry Tub: _____ Drink Fountain: _____ Toilet: _____ Urinal: _____ Automatic Washer: _____ Roof Drain: _____ Bathtub: _____ Mop Sink: _____ Non-Potable Water System: _____ Other Fixtures (Specify): _____ Total # of Fixtures: _____
<small>FOIP Notification: Personal information collected on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. It is used for processing permit applications, issuing permits, safety codes compliance monitoring, verification, and program evaluation. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Questions about this collection may be directed to ASCA Coordinators at 1-888-413-0099 or at Suite 500, 10405 Jasper Avenue, Edmonton, AB T5J 3N4.</small>		
Certified Installer's Name (please print) _____ Certification No. _____ Certified Installer's Signature _____		
Homeowner's Signature (homeowner permit only) Homeowner Declaration: I hereby declare I am the owner of the premises in which the work will be conducted and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.		
OFFICE USE ONLY		
Other Permits Required <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Private Sewage <input type="checkbox"/> Not Applicable Permit Fee: \$ _____ SCC Levy: \$ _____ <small>(\$4.50 or 4% of the permit fee maximum \$560.00)</small> Travel Fee: \$ _____ Total Cost: \$ _____ Receipt No.: _____ <input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)		<div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">[Received Date Stamp]</div> eSITE Permit No.: _____ Agency File No.: _____

Visit [Where to get a Permit](#) to find out where to submit your application.