

PLUMBING PERMIT APPLICATION FORM

Permit #: _____

Application Date (M/D/Y): _____

Estimated Project Completion Date (M/D/Y): _____

Permit Type: * Owner Contractor

Cost of Installation (Labor & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. Failure to do so, this permit will expire in 90 days without an extension request. Work is not to commence prior to the issuance of an approved permit.

Owner Name: * _____ Mailing Address: * _____
City: * _____ Prov: _____ Postal Code: _____ Phone: * _____ Fax: _____
Cell: _____ Email: _____

Owner's Signature / Declaration (Single Family Residential Only)

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Contractor Name: * _____ Address: * _____
City: * _____ Prov: _____ Postal Code: _____ Phone: _____
Fax: _____ Cell: _____ Email: _____

Installer's Number * _____ Print Installer's Name * _____ Installer's Signature * _____

Project Location:

Street Address: * _____
Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
Directions: _____

TYPE OF OCCUPANCY*	NUMBER OF FIXTURES*	WATER AND OR SEWER SERVICE	DESCRIPTION OF WORK FOR ALL PLUMBING PERMITS:
<input type="checkbox"/> Residential	Kitchen Sinks _____	<input type="checkbox"/> Disconnect from Septic	_____
<input type="checkbox"/> Farm/Ranch	Basins _____	<input type="checkbox"/> Connect to Municipal Sewer	_____
<input type="checkbox"/> Commercial	Showers _____	<input type="checkbox"/> Water and/or Sewer Services	_____
<input type="checkbox"/> Industrial	Laundry _____	<input type="checkbox"/> Mobile Home/Factory Assembled Building Connection	_____
<input type="checkbox"/> Oilfield/Gas	Toilets _____		The water meter bridge on a residential installation should be 12" long by ½" diameter.
<input type="checkbox"/> Institutional	Washers _____		SQUARE FOOTAGE:*
<input type="checkbox"/> Mobile	Bathtubs _____		_____
<input type="checkbox"/> Manufactured	Floor Drains _____		
	Grease Traps _____		
	Bidets/Water Fountains _____		
	Urinals _____		
	Other _____		

<p>Permit Fee: \$ _____</p> <p>Fine: \$ _____</p> <p>+ SCC Levy** \$ _____</p> <p>Total Cost: \$ _____ Receipt #: _____</p> <p>**\$4.50 or 4% of the permit fee maximum \$560.00</p>	<p>Issuing Officer's Name: _____</p> <p>Issuing Officer's Signature: _____</p> <p>Designation Number: _____</p> <p>Permit Issue Date: _____</p>
--	---

PLEASE CONTACT MORINVILLE (780-939-4361 OR 780-939-7855) FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

ROUGH IN AND FINAL INSPECTIONS ARE REQUIRED. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO CALL FOR THE APPROPRIATE INSPECTIONS.

The personal information provided 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(c) of the Freedom of Information and Protection of Privacy Act (FOIP). The FOIP Act regulates the collection and disclosure of personal information. The privacy of personal information requested in this form is protected by the FOIP Act and is collected for the sole use of the Town of Morinville.

*-REQUIRED FIELDS. APPLICATIONS WILL NOT BE ACCEPTED FOR PROCESSING WITHOUT REQUIRED INFORMATION.