

Plumbing Permit Application

Permit Label

Other Required Permits: Building Electrical Gas PSDS

Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

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

Owner: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Email Address: _____ Fax: _____

Contractor: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Email Address: _____ Fax: _____

Project Location: Name of Municipality: _____
 Street or Rural Address: _____ Subdivision or Hamlet Name: _____
 Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
 Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas
Type of Work: New Renovation Addition Accessory Building RTM (Ready to Move) Basement Dev. Connection Other
Description of Work: _____

Plumbing (Insert number of each item):			Total Developed Area _____
# Kitchen Sinks: _____	# Laves/Wash Basins: _____	# Showers: _____	# Laundry Tubs: _____
# Toilets: _____	# Washing Machine: _____	# Bathtubs: _____	# Floor Drains: _____
# Sumps: _____	# Bar Sink: _____	# Urinals: _____	# Other Fixtures: _____
# of Drops (Mobile): _____	# Water/Sewer Connection: _____	Total # of Fixtures: _____	

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. 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. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

Journeyman's Name (Please print) _____ Journeyman's Signature _____ Homeowner's Signature (Homeowner permits only) _____
 Journeyman's Certification Number _____ **Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.**

Permit Fee: \$ _____ ***SCC Levy:** \$ _____ **TOTAL FEE:** \$ _____
 *SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560
 Payment Method: Visa M/C Debit Cheque Cash Authorization / Cheque Number _____
 Credit Card #: _____ Expiry Date: _____ Date of Authorization: _____
 Name of Cardholder: _____ Signature of Cardholder: _____

Permit Validation Section to be completed by Permit Issuer: **Inspecting SCO:** _____
 Special Conditions: _____
 Permit Issuer's Name (print or type) _____ Permit Issuer's Signature _____
 Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____

Calgary	25, 2015 – 32 Avenue NE	T2E 6Z3	Ph: 403.717.2344	Toll Free Ph: 1.888.717.2344	Fax: 403.717.2340	Toll Free Fax: 1.888.717.2340
Edmonton	14613 – 134 Avenue	T5L 4S9	Ph: 780.489.4777	Toll Free Ph: 1.866.999.4777	Fax: 780.489.4711	Toll Free Fax: 1.866.900.4711
Lethbridge	422 North Mayor Magrath Dr.	T1H 6H7	Ph: 403.320.0734	Toll Free Ph: 1.877.320.0734	Fax: 403.320.9969	Toll Free Fax: 1.877.815.7731
Lloydminster	W. 4th St. – 50 Avenue	T9V 6YF	Ph: 780.870.9020		Fax: 780.870.9036	Toll Free Fax: 1.877.882.8775
Red Deer	3, 6264 – 67A Street	T4P 3E8	Ph: 403.358.5545	Toll Free Ph: 1.888.358.5545	Fax: 403.358.5085	Toll Free Fax: 1.866.358.5085