



Box 600  
 Crowsnest Pass, AB T0K 0E0  
 Phone: 403-562-8833  
 Fax: 403-563-5474

\*Office Use Only\*  
 (Paid or Received)

Cheque      Cash      Debit

## Plumbing Permit Application Form

I/We hereby make application for a Plumbing Permit under the provisions of the Safety Codes Permit Bylaw, and relevant Provincial Legislation, in accordance with the plans and supporting information submitted herewith which form part of this application. **WORK MUST COMMENCE WITHIN 90 DAYS OF ISSUE DATE AND THE PERMIT WILL EXPIRE WITHIN ONE YEAR OF ISSUE DATE.**

Applicant/Contractor			Property Owner		
Contractor:	YES	NO	Same as Applicant:	YES	NO
Valid Business License:	YES	NO			
NAME			NAME		
MAILING ADDRESS			MAILING ADDRESS		
PHYSICAL ADDRESS			PHYSICAL ADDRESS		
PHONE/ALT PHONE			PHONE/ALT PHONE		
EMAIL/FAX			FAX		
JOURNEYMAN/MASTER CERTIFICATE#			EMAIL		
SIGNATURE			SIGNATURE		
<i>Agent Declaration: By signing this Permit, I hereby certify that I am a certified agent of the property owner.</i>			<i>Property Owner Declaration: By signing this Permit, I hereby certify that I own or will own and occupy this property.</i>		
<i>The permit applicant certifies that this project will be completed in accordance with Alberta Safety Codes Act &amp; Regulations. The permit applicant is responsible for contacting the Municipality for all inspections required. Any extra inspections exceeding what is required by the conditions of the permit may incur additional fees.</i>					

PROPERTY DESCRIPTION/PROJECT LOCATION		
LOT(S):	BLOCK:	PLAN:
CIVIC ADDRESS OF PROJECT:		
EXISTING USE OF LAND/BUILDING:		
DIRECTIONS:		
START DATE OF PROJECT:	EXPECTED DATE OF INSPECTION:	

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act as per section 33 (c) . The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the FOIP Coordinator at the Municipality of the Crowsnest Pass at 403-562-8833.

DETAILS OF PROPOSED PROJECT (Check all that apply)

TYPE OF OCCUPANCY		TYPE OF WORK		USE OF BUILDING(S) OR INSTALLATION	
<input type="checkbox"/>	Residential	<input type="checkbox"/>	New	<input type="checkbox"/>	Residential
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Addition	<input type="checkbox"/>	Institutional
<input type="checkbox"/>	Industrial	<input type="checkbox"/>	RTM	<input type="checkbox"/>	Public Service
<input type="checkbox"/>	Multi Family	<input type="checkbox"/>	Garage	<input type="checkbox"/>	Retail/Service/Office
<input type="checkbox"/>	Institutional	<input type="checkbox"/>	Shop	<input type="checkbox"/>	Petro/Chemical Industry
<input type="checkbox"/>	Farm Building	<input type="checkbox"/>	Connection	<input type="checkbox"/>	Agricultural
<input type="checkbox"/>	Other	<input type="checkbox"/>	Renovation	<input type="checkbox"/>	Lumber/Pulp Industry
		<input type="checkbox"/>	Other	<input type="checkbox"/>	Other_____

Description of Work:					
Type:					
<ul style="list-style-type: none"> <li>o Above ground</li> <li>o Below ground rough-in</li> <li>o Complete Application</li> </ul>					
TOTAL # FIXTURES_____					
Kitchen Sinks		Floor Drains		Garage Sump	
Bathroom Sinks		Grease Traps		Bar Sink	
Showers		Urinals		# Drops (Mobile)	
Laundry Tubs		Weeping Tile		Other Sinks	
Toilets		Lift Stations		Water/Sewer Connection	
Washers		Bathtubs		Other	

<i>Office Use Only (Safety Codes Officer/Permit Issuer)</i>					
E-Site Permit Number			Tax Roll #:		
Permit Fee		SCC Levy		Total Fee	
Issue Date			Permit Expiry Date		
Issuing Officer			Designation#		
Signature of Issuing Officer					
MUNICIPAL FILE/PERMIT NUMBER					