



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	
PRINTED JOURNEYMAN NAME		EMAIL	
JOURNEYMAN/MASTER CERTIFICATE#			
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 & 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:

- Above ground
- Below ground rough-in
- Complete Application

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					