

## Plumbing Permit Application

Permit Type: ☐ Owner ☐ Contractor

Application Date (M/D/Y): \_\_\_\_\_

eSITE Permit Number: 305305- \_\_\_\_\_

Building Permit Number: \_\_\_\_\_

Estimated Completion Date (M/D/Y): \_\_\_\_\_

Owner: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street or Rural Address: \_\_\_\_\_ Subdivision or Hamlet Name: \_\_\_\_\_

Unit #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_

Legal Subdivision: Part of: \_\_\_\_\_ 1/4 Sect: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ W of: \_\_\_\_\_

Directions: \_\_\_\_\_

### Type of Building:

- ☐ Residential  
☐ Farm  
☐ Commercial  
☐ Multi-Family  
☐ Industrial  
☐ Institutional  
☐

### Type of Work:

- ☐ New  
☐ Renovation  
☐ Addition  
☐ Accessory Building  
☐ RTM (Ready to Move)  
☐ Basement Development  
☐ Connection  
☐ Other \_\_\_\_\_

### Project Information:

\_\_\_\_\_ # Kitchen Sinks \_\_\_\_\_ # Wash Basins  
\_\_\_\_\_ # Showers \_\_\_\_\_ # Laundry Sink  
\_\_\_\_\_ # Toilets \_\_\_\_\_ # Washing Machine  
\_\_\_\_\_ # Bathtubs \_\_\_\_\_ # Floor Drains  
\_\_\_\_\_ # Sumps \_\_\_\_\_ # Bar Sinks  
\_\_\_\_\_ # Urinals  
\_\_\_\_\_ # of Drops (Mobile Home)  
\_\_\_\_\_ # Water/Sewer Connection  
\_\_\_\_\_ Total # of Fixtures

### Detailed Description of Work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 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: \$ \_\_\_\_\_

Payment Method: ☐ Visa ☐ M/C ☐ Debit ☐ Cheque ☐ Cash RECEIPT NUMBER: \_\_\_\_\_

### PERMIT FEES ARE NON REFUNDABLE

\*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

Please be advised that any information provided to Sturgeon County (the "County") in order to process your application is subject to the application of the Access to Information Act (ATIA) and may be used and disclosed in accordance with the legislation. Specifically, all documents and studies required to be prepared and submitted by the applicant to the County are deemed to be publicly available and the property of the County once they are submitted to the County to process the application. Unless the submitting party explicitly indicates, in advance and clearly on the face of the record, that certain parts of the information are provided in confidence to the County and are to remain confidential, all documents and studies submitted to the County may be subject to disclosure under the ATIA. If confidentiality is required, it is the responsibility of the submitting party to clearly mark such records as Confidential and provide written rationale for the request. Should the applicant provide the County with such a declaration of confidentiality, the County will take this under consideration to determine if the document and/or study can be accepted in confidence; however, the County cannot guarantee that such information will remain confidential and will not be subject to disclosure pursuant to the ATIA.

### Permit Validation Section to be completed by the Permit Issuer:

Special Conditions: \_\_\_\_\_

SCO's Name (print or type) \_\_\_\_\_ SCO's Signature \_\_\_\_\_

SCO's Designation Number \_\_\_\_\_ Date of Issue (M/D/Y): \_\_\_\_\_

M/C or Visa Number \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_ Authorized Signature: \_\_\_\_\_