Plumbing Permit Application

Town of Sundre
P.O. Box 420
Sundre, AB T0M 1X0
Phone: 403-638-3551 Fax: 403-638-2100

Permit Label

Other Permits to be Obtained: ☐ ***Building*** ☐ ***Electrical*** ☐ ***Gas*** ☐ ***PSDS***

Permit Type: ☐ Owner ☐ Contractor **Development Permit Number:** _____

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

Owner Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____

Alt Phone: _____ Email Address: _____ Fax: _____

Contractor: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____

Alt Phone: _____ Email Address: _____ Fax: _____

Municipality: **TOWN OF SUNDRE** Street Address: _____

Lot: _____ Block: _____ Plan: _____ Subdivision Name: _____

Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Tax Roll #: _____

Directions: _____

Project Information: ☐ Commercial ☐ Residential ☐ Multi Family ☐ Industrial ☐ Institutional

Type of Work: ☐ New ☐ Renovation ☐ Addition ☐ Accessory Building ☐ RTM (Ready to Move) ☐ Basement Dev. ☐ 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 _____

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*:

Special Conditions: _____

Permit Issuer's Name (print or type) _____ Permit Issuer's Signature _____

Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____

INSPECTION REQUESTS please contact Superior Safety Codes at: Ph. 403-717-2344 or 1-888-717-2344 Fax 403-717-2340 or 1-888-717-2340
Allow 48 hours notice for inspection

Revised: September 8, 2010