



Plumbing Permit Application

Permit Label

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

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 SUNDRÉ **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 personal information is being collected under the authority of the Municipal Government Act Section 3, and will be used in the processing of this application. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act, Section 33. If you have any questions about the collection or use of this personal information, please contact the FOIP Coordinator, 717 Main Avenue West, Box 420 Sundre, AB T0M 1X0 403-638-3551.

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): _____