



# 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 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:** \_\_\_\_\_

<b>Plumbing (Insert number of each item):</b>			<b>Total Developed Area</b> _____
# 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: _____	<b>Total # of Fixtures:</b> _____	

**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):** \_\_\_\_\_