



Plumbing Permit Application

PERMIT

IJD INSPECTIONS LTD. E4, 5560 45 ST. RED DEER, AB T4N 1L1

PERMIT APPLICANT: Contractor Homeowner

Owner Name _____ **Daytime Phone** _____
Mailing Address _____ **City/Town** _____ **Postal Code** _____
Fax _____ **Email** _____

Contractor _____ **Daytime Phone** _____
Mailing Address _____ **City/Town** _____ **Postal Code** _____
Fax _____ **Email** _____
Journeyman Name _____ **Journeyman #** _____

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. Homeowner applicants affirm that they are the owner of the premises in which the work will be conducted and reside on the property. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

APPLICANT NAME: _____ **APPLICANT SIGNATURE:** **X** _____

Municipality: _____ **Street Address:** _____
Rural Address (required for all rural residential): _____
Lot: _____ **Block:** _____ **Plan:** _____ **Subdivision:** _____
Legal subdivision: Part of _____ **Section** _____ **Township** _____ **Range** _____ **West of** _____

Description of Work: _____
Intended Use: Residential Commercial Industrial Farm Other: _____
Type of Work: New Renovation MFD Home or RTM on basement /crawlspc MFD Home or RTM on piles/ blockings
Sinks _____ **# Basins** _____ **# Showers** _____ **# Laundry** _____ **# Toilets** _____
Washing Machines _____ **# Bathtubs** _____ **# Floor Drains** _____ **# Sewage Sumps** _____
Urinals _____ **# of Drops (MFD Homes/RTMs)** _____ **# Other** _____
TOTAL FIXTURES _____

Permit Validation Section:
 Special Conditions: _____
 General Conditions: This Permit expires if the undertaking to which it applies;
 -is not commenced within 90 days from the date of issue of the permit,
 -is suspended or abandoned for a period of 120 days, or
 -is in respect of a seasonal use residence and the undertaking is suspended or abandoned for a period of 240 days after the undertaking is started.

Issuing S.C.O. Name	S.C.O. Designation #	S.C.O. Signature	Date of Issue
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PERMIT FEE		Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Other
SCC LEVY		Credit Card # _____ Exp. ____/____
TOTAL FEE		Purchase Order # _____ This is your Invoice
		Card Holder's Signature: X _____