



Box 449
 Provost, AB T0B 3S0
 Ph. 780.753.2261
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Plumbing Permit Application

Permit Number _____

Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

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 or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
 Directions: _____

Type of Building:	Type of Work:	Project Information:	Detailed Description of Work:
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas	<input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Building <input type="checkbox"/> RTM (Ready to Move) <input type="checkbox"/> Basement Development <input type="checkbox"/> Connection <input type="checkbox"/> Other _____	_____ # 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	_____ _____ _____ _____ _____ _____

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: \$ _____ *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
 Credit Card #: _____ Expiry Date: _____ Cheque Number _____
 Name of Cardholder: _____ Signature of Cardholder: _____

Permit Validation Section to be completed by the 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. 403.358.5545 or 1.888.358.5545
 Allow 48 hours notice for inspection