

## **Town of Onoway**

PO Box 540 4812 - 51 Street Onoway, AB T0E 1V0 Phone: (780) 967 5338

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## The Inspections Group Inc.

12010 - 111 Avenue NW Edmonton AB T5G 0E6

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## PLUMBING PERMIT APPLICATION FORM

Building Permit #:		-		
Application Date: _ DD / MMM / YYYY		Estimated Project Completion Date: DD / MMM / YYYY		
Applicant Type: Homeowner Contractor		Cost of Installation (Labor & Material):		
The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension may be considered when applied for in writing prior to permit expiry date.				
Owner Name:		Ma	iling Address:	
City:	Prov:	Postal Code:	Phone:	Fax:
		Cell:	Email:	
Owner's Signature / Declaration (Single Family Residential Only) "I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations".				
Company Name: Mailing Address:				
City:	Prov:	Postal Code:	Phone:	Fax:
Cell:	Email:			
Installer's Number Print Installer's Name Installer's Signature				
Project Location in the Town of Onoway:				
Street Address:	eet Address: Tax Roll #:			
Legal Subdivision: Part o	f: Section:	Townsh	nip: Range:	West of:
Subdivision Name:         Lot:         Block:         Plan:				
Directions:				
TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:	WATE	R AND OR SEWER SERVICE:	PLUMBING DESCRIPTION OF WORK:
☐ Residential	Kitchen Sinks	☐ Disconnect from Septic Connect to		
☐ Farm/Ranch	Basins		ınicipal Sewer	
	Showers Laundry		•	
Commercial	Toilets			
☐ Industrial	Washers	☐ Water and/or Sewer Services		
☐ Oilfield/Gas	Bathtubs			
☐ Institutional	Floor Drains	П мо	obile Home / Factory Assembled	
☐ Mobile	Grease Traps	Building Connection		
☐ Manufactured	Bidets/Water Fountains	Building Connection		
	Urinals			
	Other			
I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested will be charged at a rate of \$150 per inspection (plus Levy).  (Applicant Signature)  ROUGH IN or FINAL  Accept Accept Other:  Decline  *Homeowner applicants must select 2 stages of inspection if over 5 fixtures installed  *Residential Contractors may select only 1 inspection				
*Additional selected inspections will be charged at \$150/ Inspection (plus Levy)				
Payment Type: Cash Cheque Credit Card Interac TIGI OFFICE USE ONLY  Permit Fee: \$ Issuing Officer's Name:				
Permit Fee: \$				
+ SCC Levy*: \$			Issuing Officer's Signature:	
Total Cost: \$ Receipt #:			Designation Number:	
*\$4.50 or 4% of the permit fee maximum \$560.00 Permit Issue Date:DD / MMM / YYYY				