NOWA Stub OF THE HIGH	PO Box 540 4812 - 51 Stree Onoway, AB	et TOE 1V0 967 5338 967 3226	The Inspections Group 12010 – 111 Avenue NW Edmonton AB T5G 0E6 Phone: (780) 454 5048 Toll Fr Fax: (780) 454 5222 Toll Fr www.inspectionsgroup.com	ee: (866) 554 5048
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:		Maili	ng 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: Tax Roll #:				
Legal Subdivision: Part of: Section: Township: Range: West of:				
Subdivision Name:				
Directions:				
TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:	WATER	AND OR SEWER SERVICE: PLUMBING DESC	CRIPTION OF WORK:
Residential	Kitchen Sinks	Disc	onnect from Septic Connect to	
Farm/Ranch	Basins	Mun	cipal Sewer	
Commercial	Laundry			
☐ Industrial	Toilets			
☐ Oilfield/Gas	Washers	Wate	er and/or Sewer Services	
	Bathtubs			
Institutional	Floor Drains	Mob	le Home / Factory Assembled	
Mobile	Grease Traps Bidets/Water Fountains	Build	ling Connection	
Manufactured	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). ROUGH IN or FINAL				
Payment Type: Cash Cheque Credit Card Interac TIGI OFFICE USE ONLY				
			Issuing Officer's Name:	
+ 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	
REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.				

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.