



Town of Eckville
 5023 51 Ave
 Box 578 TOM 0X0
 Ph: 403-746-2171 | Fx: 403-746-2900

PERMIT # _____

PLUMBING PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor Application Date (mm/dd/yyyy): _____
 New Home Warranty No.(if applicable): _____ Estimated Project Completion Date (mm/dd/yyyy): _____

Owner Name: _____ **Mailing Address:** _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Contractor Name: _____ **Mailing Address:** _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Project Location- Municipality _____ Subdivision/Hamlet: _____
 Street/Rural Address: _____ Unit: _____ Lot _____ Block: _____ Plan: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____ M
 Directions: _____
 Description of Work: _____

Work has not started Work is in progress Work is complete

TYPE OF PROJECT	TYPE OF WORK	NUMBER OF FIXTURES	
<input type="checkbox"/> Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other: _____	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Garage/Shop <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Basement Development <input type="checkbox"/> Manufactured/RTM on basement <input type="checkbox"/> Manufactured/RTM w/o basement <input type="checkbox"/> Other: _____	Kitchen Sinks: _____ Basins: _____ Showers: _____ Laundry Tubs: _____ Toilets: _____ Urinals: _____	Washing Machines: _____ Bath Tubs: _____ Floor Drains: _____ Grease Traps: _____ Bidets/Water Fountains: _____ Other Fixtures: _____ Total Fixtures: _____ Total Footprint: _____ <input type="checkbox"/> FT ² <input type="checkbox"/> M ²

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, IJD Inspections Ltd. 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. **F.O.I.P. Notification:** Personal information is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. This permit expires in 1 (one) year from date of issuance unless an extension is requested in writing prior to expiration and granted by the Safety Codes Officer or Jurisdiction having Authority.

Journeyman's Name (print) _____ **x** Journeyman's Signature _____ **OR x** Homeowner's Signature (homeowner permit only) Homeowner Declaration: By signing this I hereby certify that I own/will own and occupy this dwelling.

Journeyman's Certification No.: _____

Permit Fees	
Permit Fee: \$ _____	SCC Levy: \$ _____ Total Cost: \$ _____
SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00	
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card: _____	Purchase Order No.: _____
Expiry _____	

Permit Validation Section: (to be completed by the Permit Issuer)
 Special Conditions: _____
 Other Permits Required (under separate application): Building Electrical Gas PSDS
 Permit Issuer's Name: _____ Permit Issuer's Signature: _____
 Designation No.: _____ Permit Issue Date (mm/dd/yyyy): _____