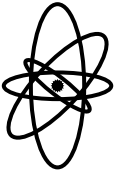


PLUMBING PERMIT APPLICATION FORM



Davis Inspection Services Ltd
 #146, 3132 – 26 St NE Calgary, T1Y 6Z1
 Phone: (403) 275-3338, Fax: (403) 275-9790
 Tel/Fax: 1800 -639-0912 www.davisinspections.ca

For Office Use Only
DV **Permit #:**
Alberta Municipal Affairs
File #:
Permit #:

Permit Applicant: Contractor <input type="checkbox"/> Owner <input type="checkbox"/>		Date: _____
Occupant: _____		Nearest City, Town Village or Hamlet: _____
Site Address: _____		Municipality: _____
Directions to site: _____ _____		
Lot #: _____	Block #: _____	Plan: _____
LSD: _____	Sec: _____	Twp: _____
Range: _____	W. of <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
Owner: _____	Phone #: _____	Fax #: _____
Address: _____		PC: _____
Owner email: _____		
Description of Installation: _____ _____ _____		
# Kitchen Sinks _____ # Water Closets _____ # Bathtubs _____ # Laves/Wash Basins _____ # Grease Traps _____ # Laundry Tubs _____ # Showers _____ # Bidets/Dr. Fountains _____ # Other Fixtures _____ # Automated Washers _____ # Urinals _____ Total # of Fixtures: _____		

TYPE OF OCCUPANCY (Indicate major occupancy) 1. Residential <input type="checkbox"/> 2. Farm/ranch <input type="checkbox"/> 3. Commercial <input type="checkbox"/> 4. Industrial <input type="checkbox"/> 5. Oilfield/gas <input type="checkbox"/>	TYPE OF WORK 1. New <input type="checkbox"/> 2. Renovation <input type="checkbox"/> 3. Additions <input type="checkbox"/> 4. Connection only <input type="checkbox"/> 5. Other <input type="checkbox"/>	TYPE OF BUILDING OR INSTALLATION 1. Single Family <input type="checkbox"/> 2. Multi-family <input type="checkbox"/> 3. Re-locatable unit <input type="checkbox"/> 4. Other <input type="checkbox"/>	USE OF BUILDING(S) OR INSTALLATION 1. Institutional <input type="checkbox"/> 2. Public service <input type="checkbox"/> 3. Retail/wholesale/ service/office <input type="checkbox"/> 4. Petro/chemical industry <input type="checkbox"/> 5. Agriculture <input type="checkbox"/> 6. Lumber/pulp industry <input type="checkbox"/> 7. Other <input type="checkbox"/>
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I HEAREBY CERTIFY THIS INSTALLATION WILL BE COMPLETED IN ACCORDANCE WITH THE SAFETY CODE ACT AND REGULATIONS

Residential property owner declaration (if applicable)

I am the registered owner of this single family dwelling and accept full responsibility for the proper installation in compliance with the safety code act and regulations. All information provided is true and correct. No work will be covered until accepted by a safety codes officer.

SIGNATURE OF HOMEOWNER

Contractor Name: _____

Address: _____

City: _____ **PC:** _____

Tel: _____ **Fax:** _____

Email: _____

Journeyman's Name (Print) _____

Journeyman's Class and #: _____

Journeyman's Signature: _____

Method of Payment:
 Cheque Invoice Visa Master Card
 Other _____

If paying by Credit Card:

--	--	--	--

Expiry Date: _____

Signature

Value of Work (materials & labor): \$ _____

Permit Fee \$: _____

Other Fee \$: _____

Safety Codes Council Fee \$: _____

GST# 137725222 (if applicable) \$: _____

Total \$: _____

For office use only

SCO# _____ Desig.# _____ SCO _____ Signature _____