

## PLUMBING PERMIT APPLICATION

### PART 1: SITE INFORMATION

Site Address: \_\_\_\_\_ Unit#: \_\_\_\_\_

Associated Building Permit # if applicable: \_\_\_\_\_

**Check box and enter permit number if this is an alteration to an existing permit:** \_\_\_\_\_

### PART 2: APPLICANT INFORMATION

<b>APPLICANT (Select One)</b>	<input type="checkbox"/> Personal	<input type="checkbox"/> Company/Business
Applicant: _____	Applicant Company: _____	
Address: _____	City: _____	
Province: _____	Postal: _____	_____
Day Phone: _____	Email: _____	_____
Contact Name: _____	Day Phone: _____	Email: _____

**CONTRACTOR CERTIFICATION**

Trade Qualification \_\_\_\_\_ Business Licence #: \_\_\_\_\_

### PART 3: PROJECT INFORMATION

PLUMBING FIXTURES									
Water Closet		Lavatory Basin		Bath Tub		Shower		Clothes Washer	
Sink		Dishwasher		Fridge Box		Pot filler		Water Heater	
Bidet		Floor Drain		Sanitary Pump		Oil/Grease Interceptor		Urinal	
Drinking Fountain		Eyewash		Mop Sink		Man Hole		Catch Basin	
Deck Drain		Roof Drain		Area Drain		Trench Drain		Hub Drain	
Backflow Prevention									

**TOTAL FIXTURE COUNT:** \_\_\_\_\_

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## PART 3: PROJECT INFORMATION

PIPING LENGTH					
Water Pipe		DWV		Storm	
Length:		M		M	

TOTAL PIPE LENGTH: \_\_\_\_\_

### Description of Installation

## PART 4: APPLICATION SUBMISSION

I confirm the information on this application is true and accurate.

**Applicant Signature**  **Date**

**The permit will be issued when all the conditions and requirements of City Bylaws and codes are met.**

Office Use Only: Permit #	<input type="text"/>
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