

PLUMBING SERVICES PERMIT APPLICATION

PART 1: SITE INFORMATION

Site Address: _____ Unit#: _____

Associated Building Permit # _____

Check box and enter permit number if
this is an alteration to an existing permit: _____

PART 2: APPLICANT INFORMATION

APPLICANT (Select One)	Personal	Company/Business
Applicant Name:	_____	Applicant Company: _____
Address:	_____	City: _____
Province:	_____	Postal: _____
Day Phone:	_____	Email: _____
Site Contact Name:	_____	Day Phone: _____ Email: _____

CONTRACTOR CERTIFICATION

Business Licence #: _____

PART 3: PROJECT INFORMATION

PLUMBING FIXTURES							
Catch Basin		Floor Drain		Junction Box		Backflow Device	
Interceptors		Trench Drain		Manholes		Other	

TOTAL NUMBER OF FIXTURES _____

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PART 3: PROJECT INFORMATION

Water Service	Total Linear Meters	
Sanitary Sewer	Total Linear Meters	
Storm Sewer	Total Linear Meters	
Subsoil Drainage	Total Linear Meters	

Description of Installation

Applicant Signature

Date

Print Name

The permit will be issued when all the conditions and requirements of City Bylaws and codes are met. Current permit fees can be viewed at cnv.org, Construction Regulation Bylaw No.7390 Consolidated

Office Use Only: Permit #