TOWN OF STONY PLAIN

4905 - 51 Avenue
Stony Plain, AB T7Z 1Y1
T: 780.963.2151
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Plumbing Permit Application

Permit Label

eSITE Permit Number: 301301-_____

Permit Type: ☐ Owner ☐ Contractor

Building Permit Number: _____

Application Date (M/D/Y): _____

Estimated Completion Date (M/D/Y):_____

Owner: _____ Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone: _____

Cell Number: _____ Email Address: _____ Fax: _____

Contractor: _____ Mailing Address: _____

City: _____ Prov.: _____ Postal Code: _____ Phone: _____

Cell Number: _____ Email Address: _____ Fax: _____

Project Location:

Street Address: _____ Subdivision Name:_____

Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____

Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____

Directions: _____

Project Information: ☐ Commercial ☐ Residential ☐ Multi Family ☐ Industrial ☐ Institutional ☐ Oil & Gas

Type of Work: ☐ New ☐ Renovation ☐ Addition ☐ Accessory Building ☐ RTM (Ready to Move) ☐ Basement Dev. ☐ Connection ☐ Other

Description of Work:_____

Plumbing (Insert number of each item): **Total Developed Area:** _____

# Kitchen Sinks: _____	# Laves/Wash Basins: _____	# Showers: _____	# Laundry Tubs: _____
# Toilets: _____	# Washing Machine: _____	# Bathtubs: _____	# Floor Drains: _____
# Sumps: _____	# Bar Sink: _____	# Urinals: _____	# Other Fixtures: _____
# of Drops (Mobile): _____	# Water/Sewer Connection: _____		**Total # of Fixtures:** _____

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; Superior Safety Codes Inc. 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. The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.

_____ Journeyman's Name (Please print)

_____ Journeyman's Signature

_____ Homeowner's Signature (Homeowner permits only)

Journeyman's Certification Number _____

Homeowner Declaration: By signing this permit I hereby certify that I own and reside or plan to reside in this dwelling.

Permit Fee: $_____ ***SCC Levy: $**_____ **TOTAL FEE: $**_____

***SCC Levy is 4% of the permit fee with a minimum of $4.50 and a maximum of $560**

Payment Method: ☐ Visa ☐ M/C ☐ Debit ☐ Cheque ☐ Cash Authorization / Receipt Number _____

Credit Card #: _____ Expiry Date: _____ Date of Authorization: _____

Name of Cardholder: _____ Signature of Cardholder: _____

Privacy Disclosure:

"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, use or disclosure of the personal information provided, please contact the FOIP Coordinator at 780-963-2151."

INSPECTION REQUESTS please contact Superior Safety Codes at:
Ph. 780.489.4777 or 1.866.999.4777
Allow 48 hours notice for inspection