



Town of Stony Plain
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For Inspections Contact

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PLUMBING PERMIT APPLICATION FORM

Building Permit: _____

Plumbing Permit #: _____

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: ☐ Owner ☐ Contractor

Cost of Installation (Labour & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension may be considered when applied for in writing prior to permit expiry date.

LAND OWNER / TENANT

Owner Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

Signature / Declaration (Single Family Residential Only)

"I hereby declare I have care and control of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations".

CONTRACTOR - ☐ Stony Plain Business Licence ☐ Yes ☐ No Licence # _____ Expiry Date: _____

Company Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

Installer's Number _____ Print Installer's Name _____ Installer's Signature _____

Project Location in the Town of Stony Plain:

Street Address: _____ Tax Roll#: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

Directions: _____

TYPE OF OCCUPANCY:

- ☐ Residential
☐ Farm/Ranch
☐ Commercial
☐ Industrial
☐ Oilfield/Gas
☐ Institutional
☐ Mobile
☐ Manufactured

NUMBER OF FIXTURES:

Kitchen Sinks _____
Basins _____
Showers _____
Laundry Tubs _____
Toilets _____
Automatic Washers _____
Bathtubs _____
Floor Drains _____
Grease Traps _____
Bidets/Water Fountains _____
Urinals _____
Other _____
Total # of Fixtures _____

WATER AND OR SEWER SERVICE:

- ☐ Disconnect from Septic Connect to
Municipal Sewer

☐ Water and/or Sewer Services

☐ Mobile Home / Factory Assembled
Building Connection

PLUMBING DESCRIPTION OF WORK:

*Additional inspections will be charged at \$80/ Inspection (plus Levy)

Permit Fee: \$ _____ + SCC Levy*: \$ _____ Total Cost: \$ _____

*\$4.50 or 4% of the permit fee maximum \$560.00

Payment Type: ☐ Visa ☐ M/C ☐ Debit ☐ Cheque ☐ Cash

Authorization / Receipt #: _____

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

Name of Cardholder: _____ CVC#: _____ 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 Access to Information Act (ATIA) and the Protection of Privacy Act (POPA). 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.