

Bag 1006
Bonnyville, AB T9N 2J7
Ph: 780-826-3496 Fax: 780-826-4806

Inspector: **ANDY KOZAKEVICH**
Inspections #: 780-201-2462
Please call 48hrs prior to required inspection

Plumbing Permit

Label

Town of Bonnyville

Plumbing Permit Application Form

Application Date (Y/M/D): _____ Tax Roll Number: _____

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

Permit Type: Owner Contractor Cost of Installation (Labor & Material) \$ _____

The Permit Holder hereby certifies that this installation will be completed in accordance with The Alberta Safety Codes Act & Regulations. Section 25(1) of the Permit Regulations AR 204/2007 of the Safety Codes Act RSA 2000, Chapter S-1 states: "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 days from the date of issue of the permit, (b) is suspended or abandoned for a period of 120 days." Please note that an extension may be considered when applied for in writing prior to a permit expiry dated. The personal information provided as part of this application is collected under the authority of the Safety Codes Act, Municipal Government Act and the Freedom of Information and Protection of Privacy Act.

Owner Name: _____
Address: _____
City: _____ Prov: _____
Postal Code: _____ Phone: _____
Cell Phone: _____ Email: _____

Owner's Signature/Declaration (Single Family Residential Only)
"I hereby declare I am the Owner and reside in the Single Family residential dwelling in which the work will be conducted and assume responsibility for compliance with the applicable Act, Codes and Regulations"

Applicant Name: _____
Address: _____
City: _____ Prov: _____
Postal Code: _____ Phone: _____
Cell Phone: _____ Email: _____

Contractor Name: _____ Address: _____
City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
Cell: _____ Email: _____

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

Project Location:
Municipal Address: _____
Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of _____
Lot: _____ Block: _____ Plan: _____

Description of Work: _____

**** Temporary means a use that is permitted to exist for a maximum of six (6) months ****

TYPE OF OCCUPANCY	NUMBER OF FIXTURES	WATER AND/OR SEWER SERVICE	PRIVATE SEWAGE
<input type="checkbox"/> Residential	Kitchen Sinks: _____	<input type="checkbox"/> Disconnect from Septic Connect to Municipal Sewer	Please use separate private sewage application form
<input type="checkbox"/> Commercial	Basins: _____	<input type="checkbox"/> Water and/or Sewer Services	
<input type="checkbox"/> Industrial	Showers: _____	<input type="checkbox"/> Mobile Home/Factory Assembled Building Connection	
<input type="checkbox"/> Institutional	Laundry: _____		
<input type="checkbox"/> Mobile	Toilets: _____		
<input type="checkbox"/> Manufactured	Washers: _____		
	Bathtubs: _____		
	Floor Drains: _____		
	Grease Traps: _____		
	Bidets/Water Fountains: _____		
	Urinals: _____		
	Other: _____		
	TOTAL FIXTURES _____		

Type of Payment: Cash Cheque Interact Invoice
TOTAL Permit Fee: \$ _____
Safety Codes Council Levy \$ _____
Administration Fee: \$ _____
TOTAL PAYMENT DUE: \$ _____

AUTHORIZATION
Issuing Officer's Name: _____
Issuing Officer's Signature: _____
Designation Number: _____
Issued Date: _____