



Town of Gibbons
 PO Box 68, GIBBONS AB T0A 1N0
 Phone: 780 923 3331
 Fax: 780 923 3691

The Inspections Group Inc.
 12010 – 111 Avenue, Edmonton, AB T5G 0E6
 Phone: (780) 454-5048 Toll Free: 1-866-554-5048
 Fax: (780) 454-5222 Toll Free: 1-866-454-5222

PLUMBING PERMIT APPLICATION

Applicant: Owner Contractor

Permit Number: _____

File Number: _____

Date of Application (Y/M/D) ____/____/____

Roll Number: _____

TYPE OF OCCUPANCY	NO. OF FIXTURES	WATER AND/OR SEWER SERVICE	PRIVATE SEWAGE
<input type="checkbox"/> RESIDENTIAL	Toilets _____	<input type="checkbox"/> Disconnect from Septic Connect to Municipal Sewer <input type="checkbox"/> Water and/or Sewer Services <input type="checkbox"/> Mobile Home/Factory Assembled Building Connection	Please use separate private sewage application form
<input type="checkbox"/> FARM/RANCH	Basins _____		
<input type="checkbox"/> COMMERCIAL	Laundry _____		
<input type="checkbox"/> INDUSTRIAL	Showers _____		
<input type="checkbox"/> OILFIELD/GAS	Bathtubs _____		
<input type="checkbox"/> INSTITUTIONAL	Kitchen Sinks _____		
	Floor Drains _____		
	Other Fixtures _____		

Project Installation Address _____

Legal: Lot _____ Blk _____ Plan _____ OR Part of _____ 1/4Sec _____ Twp _____ Rg _____ W of _____

Subdivision Name (if applicable) _____ Approximate Completion Date: (Y/M/D) ____/____/____

Brief Directions to Site _____

Does this installation require a service connection? YES NO Description of work _____

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. This permit expires after one year without a prior extension request.

Owners Signature/Declaration (Single Family Residential Dwelling Permits Only)
 I hereby declare that I am the Owner of the premises in which the work will be conducted and reside in the residence. I am performing the work myself, and assume responsibility for compliance with all applicable Acts, Codes and Regulations.

Name _____

Phone No. () _____ Fax No. () _____

Mailing Address _____

City _____

Province _____ Postal Code _____

Email _____

Certified Plumbing Contractor Signature

Plumbing Contractor _____

Certification No. _____

Company Name _____

Phone No. () _____ Fax No. () _____

Mailing Address _____

City _____

Province _____ Postal Code _____

Email _____

Type of Payment: MC VISA INTERAC CASH CHEQUE

Card No. _____ Expiry Date _____

Card Holder Name _____

Card Holder Signature _____

Cost of Installation (labour plus materials) \$ _____

Permit Fee \$ _____ + SCC Levy \$ _____

S.C.C. Fee: \$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00

Total Fees \$ _____ Receipt # _____

AUTHORIZATION

Issuing Officer Name _____

Designation # _____

Issuing Officer's Signature _____

Date Issued _____