

## **Summer Village of Silver Sands**

PO Box 8

Alberta Beach AB T0A 0A0 Phone: (587) 873 5765 Fax: (780) 967 0431

www.summervillageofsilversands.com

## The Inspections Group Inc.

12010 – 111 Avenue NW Edmonton AB T5G 0E6

Phone: (780) 454 5048 Toll Free: (866) 554 5048 Fax: (780) 454 5222 Toll Free: (866) 454 5222

www.inspectionsgroup.com

## PLUMBING PERMIT APPLICATION FORM

Building Permit #:						
Application Date: _ DD / MMM / YYYY		Estimated Project Completion Date:DD / MMM / YYYYY				
Applicant Type: 🔲 H	and a second second second	Cost of Installation (Labor & Material):  ordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90				
				dered when applied for in writing prior to permi		
Owner Name:			Mailin	g Address:		
City:	Prov:	Postal Code:		Phone:	Fax:	
		(	Cell:	Email:		
Owner's Signature / Declaration (Single Family Residential Only) "I hereby declare I am the owner 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".						
Company Name:			Mailin	g Address:		
City:	Prov:	Postal Code:		Phone:	Fax:	
Cell:	Email:					
. <u> </u>						
Installer's Number Print Installer's Name Installer's Signature						
Project Location in the	Summer Village of Silver Sands:					
Street Address:				Tax Roll #:		
Legal Subdivision: Part of	of: Section:		Township:	Range:	West of:	
Subdivision Name:			Lot:	Block: Pl	lan:	
Directions:						
TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:		WATER A	AND OR SEWER SERVICE:	PLUMBING DESCRIPTION OF WORK:	
☐ Residential	Kitchen Sinks Basins		☐ Disco	nnect from Septic Connect to		
☐ Farm/Ranch	Showers		Munio	cipal Sewer		
☐ Commercial	Laundry					
☐ Industrial	Toilets Name		□ Wate	r and/or Sewer Services		
☐ Oilfield/Gas	Washers					
☐ Institutional	Bathtubs Floor Drains					
☐ Mobile	Grease Traps		☐ Mobile	Mobile Home / Factory Assembled  Building Connection		
☐ Manufactured			Buildi			
	Urinals					
	Other					
inspection stages will	understand and acknowledge the take place at my request. Any II be charged at a rate of \$150 per i	additional nspection A		or FINAL  Accept  Decline  ion with over 5 fixtures must select 2 cted inspections will be charged at \$		
Payment Type:						
Permit Fee: \$				Issuing Officer's Name:		
+ SCC Levy*: \$				Issuing Officer's Signature:		
Total Cost: \$ Receipt #:				Designation Number:		
	*\$4.50 or 4% of the permit fee maximum \$560.00				Permit Issue Date:DD / MMM / YYYY	