

Building Permit #:__

Summer Village of Silver Sands

PO Box 8 Alberta Beach AB TOA 0A0 Phone: (587) 873 5765 (780) 967 0431 Fax: 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

PLUN	IBING	PERMIT	APPL	ICATI	ON	FO	RM
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Application Date:DD / MMM / YYYY		Estimated Project Completion Date: DD / MMM / YYYY								
	omeowner 🗌 Contractor			t of Installation (Labor &						
	es that this installation will be completed in s suspended or abandoned for a period of '				dertaking to which it applies: (a) is not commenced within 90 permit expiry date.					
Owner Name:			Mailing Add	Iress:						
					Fax:					
	laration (Single Family Residentia	Only)			am doing the work myself, and assume responsibility					
	oplicable Act and Regulations".	vont win be conducted,		win reside on the property. To						
Company Name:			_ Mailing Add	Iress:						
City:	Prov:	Postal Code:		Phone:	Fax:					
Cell:	Email:									
Installer's Number										
Project Location in the S	Summer Village of Silver Sands:									
Street Address:			Tax Roll #:							
Legal Subdivision: Part o	f: Section:	т	Fownship:	Range:	West of:					
Subdivision Name: Plan:										
Directions:										
TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:	١	WATER AND	DR SEWER SERVICE:	PLUMBING DESCRIPTION OF WORK:					
_	Kitchen Sinks	Disconnect from Septic Connect		from Septic Connect to						
	Residential Basins		Municipal Sewer							
Farm/Ranch	Showers		manopart							
	Toilets									
_	Industrial Washers		U Water and/or Sewer Services							
Oilfield/Gas	Bathtubs									
Institutional	Floor Drains	[[Mobile Home / Factory Assembled							
Mobile	Grease Traps		Building Connection							
Manufactured	Bidets/Water Fountains									
	Other (Describe in Description of Work)		Seasonal Property? Yes No							
I the permit applicant	understand and acknowledge the	colocted								
inspection stages will be charged at a rate of \$150 per inspection and accept are of \$150 per inspection are of \$150 per inspect										
(plus Levy).										
(Applicant Signature) *New construction with over 5 fixtures must select 2 stages of inspection *Additional selected inspections will be charged at \$150/ Inspection (plus Levy)										
Payment Type: Cash C/C Agreement Interac TIGI OFFICE USE ONLY										
Permit Fee: \$ Issuing Officer's Name:										
+ SCC Levy*: \$			Iss	Issuing Officer's Signature:						
Total Cost: \$	R	eceipt #:		Designation Number:						
*\$4.50 or 4% of the permit fee maximum \$560.00 Permit Issue Date: DD / MMM / YYYY										

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC. PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS 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 or use of the personal information provided, please contact the Municipality.