



Summer Village of Silver Sands

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The Inspections Group Inc.

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PLUMBING PERMIT APPLICATION FORM

Building Permit #: \_\_\_\_\_

Application Date: DD / MMM / YYYY

Estimated Project Completion Date: DD / MMM / YYYY

Applicant Type: [ ] Homeowner [ ] 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. 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.

Owner Name: \_\_\_\_\_ Mailing 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: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Directions: \_\_\_\_\_

Table with 4 columns: TYPE OF OCCUPANCY, NUMBER OF FIXTURES, WATER AND OR SEWER SERVICE, PLUMBING DESCRIPTION OF WORK.

I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested will be charged at a rate of \$150 per inspection (plus Levy).
ROUGH IN or FINAL
[ ] Accept [ ] Decline
\*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 [ ] Cheque [ ] C/C Agreement [ ] Interac
Permit Fee: \$ \_\_\_\_\_
+ SCC Levy\*: \$ \_\_\_\_\_
Total Cost: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_
\*\$4.50 or 4% of the permit fee maximum \$560.00

TIGI OFFICE USE ONLY
Issuing Officer's Name: \_\_\_\_\_
Issuing Officer's Signature: \_\_\_\_\_
Designation Number: \_\_\_\_\_
Permit Issue Date: DD / MMM / YYYY