

## **Summer Village of South View**

PO Box 8

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

www.summervillageofsouthview.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:	Estimated Project Completion Date:DD / MMM / YYYY				
	Iomeowner   Contractor	and a second second	Cost of Installation (Labor & Material): te with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90		
	ies that this installation will be completed in a is suspended or abandoned for a period of 12				
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:				
Installer's Number	Print Installer's N				ller's Signature
Project Location in the	Summer Village of South View:				
Street Address:				Tax Roll #:	
Legal Subdivision: Part of	of: Section:		Township:	Range:	West of:
Subdivision Name:			Lot:	Block:	Plan:
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 W		□ Wate	er and/or Sewer Services	
☐ Oilfield/Gas	Washers			and or come. Convices	
☐ Institutional	Bathtubs Floor Drains				
☐ Mobile	Grease Traps		☐ Mobile	e Home / Factory Assembled	
☐ Manufactured	Bidets/Water Fountains		Buildi	ng Connection	
	Urinals				
	Other				
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).    Accept					
Payment Type:	ash Cheque C/C Agree	TIGI	OFFICE USE ONLY		
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	

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.