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**Building Permit #** 

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

Application Date:	DD / MMM / YYYY		E	Estimated Project Comple	etion Date:	DD / MMM / YYYY
The Permit Holder hereby ce	Homeowner Contractor rtifies that this installation will be completed in a b) is suspended or abandoned for a period of 12		erta Safety Co		e undertaking to	which it applies: (a) is not commenced within 90
Owner Name:			Mailing	Address:		
City:	Prov:	Postal Code:		Phone:		Fax:
		C	ell:	Email	l:	
"I hereby declare I am t	eclaration (Single Family Residential he owner of the premises in which the w applicable Act and Regulations".		d, and resid	e or will reside on the property	v. I am doing th	ne work myself, and assume responsibilit
Company Name:			Mailing	Address:		
City:	Prov:	Postal Code:		Phone:		Fax:
Cell:	Email:					
Installer's Number	Installer's Number Print Installer's Na				Installer's Sign	ature
Project Location in th	e Summer Village of South View:					
Street Address:				Tax I	Roll #:	
Legal Subdivision: Par	t of: Section:		Township:	Range:		West of:
Subdivision Name:			Lot:	Block:	Plan:	
Directions:						
TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:		WATER A	ND OR SEWER SERVICE:	F	PLUMBING DESCRIPTION OF WORK:
Residential	Kitchen Sinks		Discon	nect from Septic Connect to		
☐ Farm/Ranch	Basins Showers		Munici	pal Sewer	-	
	Laundry					
	Toilets					
☐ Oilfield/Gas	Washers		U Water	and/or Sewer Services	-	
_	Bathtubs				-	
	Floor Drains		Mobile	Home / Factory Assembled	-	
Mobile	Grease Traps Bidets/Water Fountains		Buildin	g Connection	-	
Manufactured	Urinals					
	Other					
inspection stages will	t understand and acknowledge the I take place at my request. Any will be charged at a rate of \$150 per (Applicant \$	additional Ad inspection De *Hom Signature) *Resig	ccept ecline eowner app dential Con	or FINAL Accept Decline Dicants must select 1 stages tractors may select only 1 in ted inspections will be charge	s of inspection	
Payment Type:	Cash 🛛 Cheque 🔲 C/C Agree	ement 🗌 Interac			TIGI OFFICE	USE ONLY
Permit Fee: \$				Issuing Officer's Name:		
+ SCC Levy*: \$				Issuing Officer's Signature:		
Total Cost: \$	ceipt #:		Designation Number:			
*\$4.50 or 4% of the per	mit fee maximum \$560.00			Permit Issue Date:D	D / MM	M / YYYY

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.