

Summer Village of South View

PO Box 8

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



www.summervillageofsouthview.com

PLUMBING PERMIT APPLICATION FORM					
application Date: Estimated Project Completion Date:					
pplicant Type: Homeo	owner	ost of Installation	n (Labor & Material including Equipment):	o which it applies: (a) is not commenced within 90	
ays 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:					
	Prov: Postal C				
City.					
Cell: Email: Cowner'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					
"I hereby declare I am the own applicable Act and Regulation	ner of the premises in which the work will be conducted, and $s^{\prime\prime}$.	reside or will reside	on the property. I am doing the work myself, and	assume responsibility for compliance with the	
Company Name		Maili	na Address:		
	Prov: Postal C				
	Email:				
Cell.	Lillali.			·	
Installer's Number	Installer's Number Print Installer's Name Installer's Signature				
Project Location in the	ne Summer Village of South View:				
Street Address:					
	rt of: Section:			West of:	
Subdivision Name: Lot: Block: Plan:					
	I				
TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:	WATER	AND OR SEWER SERVICE:	PLUMBING DESCRIPTION OF WORK:	
☐ Residential	Kitchen Sinks	☐ Disco	onnect from Septic Connect to		
☐ Farm/Ranch	Basins	Muni	cipal Sewer		
☐ Commoroid	Showers				
☐ Commercial	Laundry Toilets				
☐ Industrial	Washers	☐ Wate	er and/or Sewer Services		
☐ Oilfield/Gas	Bathtubs				
☐ Institutional	Floor Drains	☐ Mobile Home/Factory Assembled			
☐ Mobile	Grease Traps Bidets/Water Fountains	Building Connection			
_	Urinals			☐ ANNUAL PERMIT	
☐ Manufactured	Other				
Payment Type:	ash Cheque Interac M/C Visa			tions Group Inc.	
Permit Fee: \$			EDMONT	O – 111 Avenue NW ON AB T5M 3Z7	
+ SCC Levy*: \$			Phone: (780) 454 5048 Fax: (780) 454 5222	Toll Free: (866) 554 5048 Toll Free: (866) 454 5222	
Total Cost: \$	Receipt #:		· ·	ectionsgroup.com	
*\$4.50 or 4% of the permit fee maximum \$560.00 questions@inspectionsgroup.com					

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. 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.