

**Town of Millet**

P.O. Box 270, 5120 – 50 Street
 MILLET, AB T0C 1Z0
 Phone: 780 387 4554
 Fax: 780 387 4459
 www.millet.ca
 development@millet.ca

Permit Number: _____

Tax Roll Number: _____

The Inspections Group Inc.

12010 – 111 Avenue NW
 EDMONTON AB T5G 0E6
 Phone: 780 454 5048 Toll Free: 1 866 554 5048
 Fax: 780 454 5222 Toll Free: 1 866 454 5222
 www.inspectionsgroup.com
 questions@inspectionsgroup.com

PLUMBING PERMIT APPLICATION FORMApplication Date: DD / MMM / YYYYEstimated Project Completion Date: DD / MMM / YYYYApplicant 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 & Regulations. Section 25(1) of the Permit Regulation AR 204/2007 of the Safety Codes Act Section 25(1) states: "A permit expires 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." Please note that an extension can 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 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 Town of Millet:

Street Address: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

TYPE OF OCCUPANCY:	NUMBER OF FIXTURES: (Number of Fixtures)	WATER AND OR SEWER SERVICE:	PLUMBING DESCRIPTION OF WORK:
<input type="checkbox"/> Residential	Kitchen Sinks _____	<input type="checkbox"/> Disconnect from Septic Connect to Municipal Sewer	_____
<input type="checkbox"/> Farm/Ranch	Basins _____		_____
<input type="checkbox"/> Commercial	Showers _____	<input type="checkbox"/> Water and/or Sewer Services	_____
<input type="checkbox"/> Industrial	Laundry _____		_____
<input type="checkbox"/> Oilfield/Gas	Toilets _____	<input type="checkbox"/> Mobile Home/Factory Assembled	_____
<input type="checkbox"/> Institutional	Washers _____	Building Connection	_____
<input type="checkbox"/> Mobile	Bathtubs _____		_____
<input type="checkbox"/> Manufactured	Floor Drains _____		_____
	Grease Traps _____		_____
	Bidets/Water Fountains _____		_____
	Urinals _____		_____
	Other _____		_____
	Total _____		_____

SQUARE FOOTAGE: _____

Payment Type: Cash Cheque Interac**AUTHORIZED BY:**

Permit Fee: \$ _____

Issuing Officer's Name: _____

+ SCC Levy*: \$ _____

Issuing Officer's Signature: _____

Total Cost: \$ _____

Designation Number: _____

Receipt #: _____

Permit Issue Date: DD / MMM / YYYY

*\$4.50 or 4% of the permit fee maximum \$560.00

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.