



Town of Elk Point
 PO Box 448
 Elk Point, AB T0A 1A0
 Phone: (780) 724 3810
 Fax: (780) 724 2762
 www.elkpoint.ca

Permit Sticker

The Inspections Group Inc.
 #110, 4910 50 Avenue
 Cold Lake AB T9M 0G1
 Phone: (780) 594 4301 / (888) 853 6411
 Fax: (780) 594 3720 / (844) 750 3721
 www.inspectionsgroup.com

PLUMBING PERMIT APPLICATION FORM

Application Date: _____

Estimated Project Completion Date: _____

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 & 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: _____
 Cell: _____ Phone: _____ Fax: _____
 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."

Contractor Name: _____ **Business 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 Elk Point:
 Street Address: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions / House Number: _____

TYPE OF OCCUPANCY:	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"/> Water and/or Sewer Services	
<input type="checkbox"/> Commercial	Showers _____	<input type="checkbox"/> Mobile Home/Factory Assembled Building Connection	
<input type="checkbox"/> Industrial	Laundry _____		
<input type="checkbox"/> Oilfield/Gas	Toilets _____		
<input type="checkbox"/> Institutional	Washers _____		
<input type="checkbox"/> Mobile	Bathtubs _____		
<input type="checkbox"/> Manufactured	Floor Drains _____		
	Grease Traps _____		
	Bidets/Water Fountains _____		
	Urinals _____		
	Other _____		
	Total _____		

Payment Type:
 Cash Cheque C/C On Account Interac

Permit Fee: \$ _____
+ SCC Levy*: \$ _____
+ Admin Fee: \$ _____
Total Cost: \$ _____ **Receipt #:** _____

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

OFFICE USE ONLY

Issuing Officer's Name: _____
 Issuing Officer's Signature: _____
 Designation Number: _____
 Permit Issue Date: _____

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