



4924 - 47 Street | Box 397 • Redwater, AB T0A 2W0
 Phone: 780-942-3519 • Fax: 780-942-4321
 www.redwater.ca

File Label

PLUMBING PERMIT APPLICATION

Permit Type: Owner Contractor

Application Date (M/D/Y): _____

eSITE Permit #: _____

Development Permit #: _____

Estimated Completion Date (M/D/Y): _____

Owner Name: _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Cell Phone: _____ Fax: _____ Email Address: _____ SIGNATURE: _____ Homeowner/Owner Permits (Residential Only) <i>Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.</i>	Contractor Name: _____ Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____ Phone: _____ Cell Phone: _____ Fax: _____ Email Address: _____ Plumber Name: _____ Journeyman Plumber Certification Number: _____ SIGNATURE: _____
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Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. 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 Town of Redwater at 780.942.3519.

PROJECT LOCATION: TOWN OF REDWATER

Street Address: _____ **Subdivision Name:** _____
Unit or Suite #: _____ **Lot:** _____ **Block:** _____ **Plan:** _____ **Tax Roll #:** _____
Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____

PROJECT INFORMATION: Commercial Residential Multi Family Industrial Institutional Oil & Gas
TYPE OF WORK: New Renovation Addition Accessory Building Basement Development Manufactured Home RTM

Detailed Description of Work:

Number of Plumbing Fixtures:

Kitchen Sinks: _____ # Laves/Wash Basins: _____ # Showers: _____ # Laundry Tubs: _____
 # Toilets: _____ # Washing Machine: _____ # Bathtubs: _____ # Floor Drains: _____
 # Sumps: _____ # Bar Sink: _____ # Urinals: _____ # Other Fixtures: _____
 # of Drops (Mobile): _____ # Water/Sewer Connection: _____ **Total # of Fixtures:** _____

PERMIT FEES & PAYMENT INFORMATION

Inspecting SCO: _____

Permit Fee: \$ _____ ***SCC Levy:** \$ _____ **TOTAL FEE:** \$ _____
 *SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560
Payment Method: Visa M/C Debit Cheque Cash **Authorization / Cheque Number** _____
Credit Card #: _____ **Expiry Date:** _____ **Date of Authorization:** _____
Name of Cardholder: _____ **Signature of Cardholder:** _____



INSPECTION REQUESTS please contact Superior Safety Codes at:
 Ph. 780.489.4777 or 1.866.999.4777
 Allow 48 hours' notice for inspection