



Town of Redcliff Plumbing Permit Application

Permit Label

The personal information provided as part of this application is collected under section 43 of the Safety Codes Act and sections 303 and 295 of the Municipal Government Act and in accordance with section 33(c) of the Freedom of Information and Protection of Privacy Act. The information collected will be used for issuing permits, safety codes compliance/verification, monitoring and property assessment purposes. If you have any questions about the collection of information please contact the FOIPP coordinator at 403-548-3618.

Owner Information

Name: _____ Mailing Address/Box #: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Cell: _____ Fax: _____ Email: _____

Contractor Information

Name: _____ Mailing Address/Box #: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____ Contact Person: _____

Journeyman's Certification#: _____ **Journeyman's Name (Please Print):** _____

Building Use:

Commercial Industrial Residential Multi-Family Institutional Farm Building Other

Type of Work: New Addition RTM Garage Shop Connection Other

Description of Work: _____

Fixtures Kitchen Sinks: _____ Bathroom Sinks: _____ Showers: _____ Laundry Tubs: _____ Toilets: _____ Washers: _____

Bathtubs: _____ Floor Drains: _____ Sumps: _____ Urinals: _____ Weeping Tile: _____ Lift Stations: _____

of Drops: _____ Mobile Connection(s): _____ Water/Sewer Connection: _____ Other: _____ **Total # of Fixtures=** _____

Project Location

Municipality: _____ **Street or Rural Address:** _____

Lot: _____ Block: _____ Plan: _____ **Legal:** Part of: _____ Section: _____ Twp: _____ Rge: _____ W of: _____

Roll #: _____ **Directions:** _____

Permit Declaration: The permit applicant certifies that this project will be completed in accordance with the Alberta Safety Codes Act & Regulations. Permit may expire if work is not commenced within 90 days from date of issuance or if work is suspended or abandoned for a period of 120 days. Any extra inspections exceeding what is required by the conditions of the permit will incur a fee of \$100 per inspection. If the Permit is cancelled or withdrawn prior to closure, then a fee for any services provided by Park Enterprises Ltd. will be retained or collected.

Contractor _____

Owner _____

Permit Applicant Signature

Date

Homeowner Permits Only: By signing this permit I hereby certify that I own or will own and occupy this dwelling

Permit Validation: (Office Use Only)

Issuing Officer: _____

Designation #: _____

Issuing Officer's Signature: _____

Issue Date: _____

Fees (Office Use Only)

Permit: _____

Admin: _____

SCC: _____

*SCC Levy is 4% of the Permit fee with a min of \$4.50 & max of \$560

Total: _____



Park Enterprises Ltd.
Please contact for inspections & inquiries

Phone: 403-329-3747 Fax: 403-329-8514 Email: contact@parkinspections.com **Estimated Inspection Date:** _____