



Municipality of Crowsnest Pass

8502 19 Avenue
 Coleman, AB
 Box 600, Crowsnest Pass, T0K 0E0
 Phone: 403-562-8833

reception@crowsnestpass.com

PLUMBING PERMIT APPLICATION FORM

Permit Number: _____ Internal File Number: _____

Application Date: DD / MMM / YYYY Estimated Project Completion Date: DD / MMM / YYYY

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. A permit may expire 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. An extension may 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 am doing the work myself, and 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 Municipality of Crowsnest Pass:

Street Address: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

Directions: _____

TYPE OF OCCUPANCY:

- Residential
- Farm/Ranch
- Commercial
- Industrial
- Oilfield/Gas
- Institutional
- Mobile
- Manufactured

NUMBER OF FIXTURES:

- Kitchen Sinks _____
- Basins _____
- Showers _____
- Laundry _____
- Toilets _____
- Washers _____
- Bathtubs _____
- Floor Drains _____
- Grease Traps _____
- Bidets/Water Fountains _____
- Urinals _____
- Other _____

WATER AND OR SEWER SERVICE:

- Disconnect from Septic Connect to Municipal Sewer
- Water and/or Sewer Services
- Mobile Home/Factory Assembled Building Connection

PLUMBING DESCRIPTION OF WORK:

 ANNUAL PERMIT

Permit Fee: \$ _____

+ SCC Levy*: \$ _____

Additional Fee: \$ _____

Total Cost: \$ _____

Receipt #: _____

Office Use Only

Wildland Urban Interface Rating: _____

Tax Roll: _____

Development Permit Number: _____

The Inspections Group Inc.
 2825 18 Avenue N
 Lethbridge, AB T1H 6T5
 Phone: 587-787-4143 Toll Free: 1-888-852-3558
 Fax: 587-787-4142 Toll Free: 1-888-852-3557
 south@inspectionsgroup.com

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

PLEASE REMIT PAYMENT AND APPLICATION TO MUNICIPALITY OF CROWSNEST PASS

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.