



Smoky Lake County
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The Inspections Group Inc.
 12010 – 111 Avenue NW
 EDMONTON AB T5G 0E6
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PLUMBING PERMIT APPLICATION FORM

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 & 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 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 Smoky Lake County:

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

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

Payment Type: Cash Cheque C/C Agreement Interac

TIGI OFFICE USE ONLY

Permit Fee: \$ _____

Issuing Officer's Name: _____

+ SCC Levy*: \$ _____

Issuing Officer's Signature: _____

Total Cost: \$ _____ Receipt #: _____

Designation Number: _____

Permit Issue Date: DD / MMM / YYYY

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

REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC.

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