



File Number:	
Date Received:	
Tax Roll No.:	

	PLUMBING PERMIT APPLICATION FORM				
Development Permit No.:	Estimated	Project Completion Date (mr	n/dd/yyyy):		
Permit Applicant: ☐ Owner ☐ Co					
Owner / Applicant:		Mailing Address:			
City:	Province:	Postal Code:	Phone:		
Cell:	Email:		Fax:		
Contractor:		Mailing Address:			
City:	Province:	Postal Code:	Phone:		
Contractor Name:	Cell:	Email:	Fax:		
Project Location: Municipality:	Lethbridge County subd	ivision Name:			
Street/Rural Address:			Postal Code:		
_otBlock: Directions:	Plan: Legal Subd		n: Township: Range: West of:		
Please Provide a Detailed Desc					
TYPE OF OCCUPANCY	TYPE OF WORK		NUMBER OF FIXTURES		
and will be protected under Part 2 of that Act and sec	tion 63 of the Safety Codes Act. It will be used for proce e included on reports provided to the municipality or n	Toilets: Washing Machine: d under the authority of section 33(c) ssing permit applications, issuing per	Bathtubs: Floor Drains: Grease Traps: Bidets/Water Fountains: Urinals: Other Fixtures: Total: of the Alberta Freedom of Information and Protection of Privacy Act mits, safety codes compliance monitoring and verification. The name red or allowed by legislation. Please direct any questions about this		
Journeyman's Name (print)	Journeyman's Signature		Homeowner 's Signature (homeowner permit only) Homeowner Declaration: By signing this application I		
Journey man's Certification No.:			hereby certify that I own/will own and occupy this dwelling.		
,	Office U	se Only	hereby certify that I own/will own and occupy this dwelling.		
Permit Fee: \$	SCC Levy:	Issuing Officer's Name:			
Journeyman's Certification No.:		Issuing Officer's Name: Issuing Officer's Signature:	<u> </u>		