



Town of Westlock  
10003 106 Street  
Westlock, AB T7P 2K3  
Phone: 780-349-4444  
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planning@westlock.ca



**Inspection Requests:**  
**Superior Safety Codes Inc.**  
14613-134 Avenue  
Edmonton, AB T5L 4S9  
Phone: 780-489-4777  
Fax: 780-489-4711

## PLUMBING PERMIT APPLICATION FORM

Applicant: ☐ Owner ☐ Contractor

Permit Number: 345345-\_\_\_\_-P\_\_\_\_\_

Application Date: \_\_\_\_\_

Building Permit: \_\_\_\_\_

Development Permit: \_\_\_\_\_

Project Value (Labor + Materials): \$ \_\_\_\_\_ Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Owners 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 on the property.  
I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations."

Contractor: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cell Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Journeyman Plumber's Name

Journeyman's Number

Journeyman's Signature

Business License No.

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information of Privacy Act.

**Project Location:**

Street Address: \_\_\_\_\_ Roll Number: \_\_\_\_\_

Lot(s): \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ W of 4

**Type of Building:**

- ☐ Residential  
☐ Commercial  
☐ Multi-Family  
☐ Industrial  
☐ Institutional  
☐ Oil & Gas

**Type of Work:**

- ☐ New  
☐ Renovation  
☐ Addition  
☐ Accessory Building  
☐ RTM (Ready to Move)  
☐ Basement Development  
☐ Connection  
☐ Other

**Project Information:**

\_\_\_\_ # Kitchen Sinks \_\_\_\_ # Wash Basins  
\_\_\_\_ # Showers; \_\_\_\_ # Laundry Sink  
\_\_\_\_ # Toilets; \_\_\_\_ # Washing Machine  
\_\_\_\_ # Bathtubs; \_\_\_\_ # Floor Drains  
\_\_\_\_ # Sumps; \_\_\_\_ # Bar Sinks  
\_\_\_\_ # Urinals;  
\_\_\_\_ # of Drops (Mobile Home)  
\_\_\_\_ # Water/Sewer Connection  
\_\_\_\_ **Total # of Fixtures**

**Detailed Description of Work:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 ☐ Online ☐ Debit ☐ Cheque ☐ Cash

Receipt #: \_\_\_\_\_

**Permit Validation Section to be completed by the Permit Issuer:**

Special Conditions: \_\_\_\_\_

Permit Issuer's Name (print or type)

Permit Issuer's Signature

Designation Number \_\_\_\_\_

Date of Issue (M/D/Y): \_\_\_\_\_

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