



Applicant: ☐ Owner ☐ Contractor

Application Date: _____

Estimated Start Date: _____ Estimated Completion Date: _____

Project Value (Labor + Materials): \$ _____

Permit Number: 345345-_____-P _____

Building Permit: _____

Development Permit: _____

PROPERTY OWNER INFORMATION				
Owner Name:		Mailing Address:		City:
Province:	Postal Code:	Phone:	Email:	
<p>I hereby declare that I am the owner of the premises in/on 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</p> <p style="text-align: center;">_____ Owners' Signature</p>				
CONTRACTOR INFORMATION				
Contractor Name:		Mailing Address:		City:
Province:	Postal Code:	Phone:	Email:	
<p>_____ Journeyman Plumber's Name _____ Journeymans' Number _____ Journeyman's Signature _____ Business License No.</p>				

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 Regulations AR 204/2007 of the Safety Codes Act RSZ 20000, Chapter S-1 states "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 days from the date of issue of the permit, (b) is suspended or abandoned for a period of 120 days. This permit expires after 90 days if work has not started and an extension has not been requested. Please note that a one-time ninety (90) day extension can be considered when applied for in writing prior to a permit expiry date.

PROJECT LOCATION						
Municipal Address				Roll Number		
Lot:	Block	Plan	Section	Township	Range	Meridian
PROJECT INFORMATION						
Building Occupancy: <input type="checkbox"/> Residential <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other: _____		Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Connection <input type="checkbox"/> Renovation <input type="checkbox"/> Accessory Building <input type="checkbox"/> Addition <input type="checkbox"/> Manufactured/RTM Home <input type="checkbox"/> Basement Development <input type="checkbox"/> Other: _____		Fixture Information: _____ Kitchen Sink _____ Wash Basin _____ Shower _____ Laundry Sink _____ Toilet _____ Washing Machine _____ Bathtub _____ Floor Drain _____ Sump _____ Bar Sink _____ Urinal _____ Drops (Mobile Home) _____ Water/Sewer Connection _____ Total No. of Fixtures		
Description of Work:						

**PLEASE CONTACT
SUPERIOR
SAFETY CODES
FOR
INSPECTIONS,
MINIMUM TWO
WORKING DAYS
NOTICE.**

OFFICE USE ONLY	
Permit Fee:	Permit Issuers Name:
SCC Levy (\$4.50 or 4%): <i>whichever is greater, max. \$560</i>	Permit Issuers Signature:
Total:	Designation No.:
<input type="checkbox"/> DB <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> CHQ <input type="checkbox"/> CSH <input type="checkbox"/> ONLINE Receipt No.:	Permit Issue Date: