



**Town of Westlock**  
 10003 106 Street  
 Westlock, AB T7P 2K3  
 Phone: 780-349-4444  
 Fax: 780-349-4436  
 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:   | Type of Work:   | Project Information:  | Detailed Description of Work:             |
|---|---|---|---|
| <input type="checkbox"/> Residential<br><input type="checkbox"/> Commercial<br><input type="checkbox"/> Multi-Family<br><input type="checkbox"/> Industrial<br><input type="checkbox"/> Institutional<br><input type="checkbox"/> Oil & Gas | <input type="checkbox"/> New<br><input type="checkbox"/> Renovation<br><input type="checkbox"/> Addition<br><input type="checkbox"/> Accessory Building<br><input type="checkbox"/> RTM (Ready to Move)<br><input type="checkbox"/> Basement Development<br><input type="checkbox"/> Connection<br><input type="checkbox"/> Other | _____ # Kitchen Sinks      _____ # Wash Basins<br>_____ # Showers;      _____ # Laundry Sink<br>_____ # Toilets;      _____ # Washing Machine<br>_____ # Bathtubs;      _____ # Floor Drains<br>_____ # Sumps;      _____ # Bar Sinks<br>_____ # Urinals;<br>_____ # of Drops (Mobile Home)<br>_____ # Water/Sewer Connection<br>_____ <b>Total # of Fixtures</b> | _____<br>_____<br>_____<br>_____<br>_____ |

**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  Visa  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): \_\_\_\_\_