



**Town of Bon Accord**  
 PO Box 779  
 BON ACCORD AB T0A 0K0  
 Phone: 780 921 3550  
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**The Inspections Group Inc.**  
 12010 – 111 Avenue  
 EDMONTON AB T5G 0E6  
 Phone: (780) 454-5048 Toll Free: 1-866-554-5048  
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**PLUMBING PERMIT APPLICATION**

Applicant:  Owner  Contractor Permit Number: \_\_\_\_\_ File Number: \_\_\_\_\_

Date of Application (Y/M/D) \_\_\_\_/\_\_\_\_/\_\_\_\_ Roll Number: \_\_\_\_\_

TYPE OF OCCUPANCY	NUMBER OF FIXTURES	WATER AND/OR SEWER SERVICE	PRIVATE SEWAGE
<input type="checkbox"/> RESIDENTIAL	Toilets _____	<input type="checkbox"/> Disconnect from Septic Connect to Municipal Sewer	Please use separate private sewage application form
<input type="checkbox"/> FARM/RANCH	Basins _____	<input type="checkbox"/> Water and/or Sewer Services	
<input type="checkbox"/> COMMERCIAL	Laundry _____	<input type="checkbox"/> Mobile Home/Factory Assembled Building Connection	
<input type="checkbox"/> INDUSTRIAL	Showers _____		
<input type="checkbox"/> OILFIELD/GAS	Bathtubs _____		
<input type="checkbox"/> INSTITUTIONAL	Kitchen _____ Sinks _____		
	Floor _____ Drains _____		
	Other Fixtures _____		

Project Installation Address \_\_\_\_\_  
 Legal: Lot \_\_\_\_\_ Blk \_\_\_\_\_ Plan \_\_\_\_\_ OR Part of \_\_\_\_\_ 1/4Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rg \_\_\_\_\_ W of \_\_\_\_\_  
 Subdivision Name (if applicable) \_\_\_\_\_ Approximate Completion Date: (Y/M/D) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Brief \_\_\_\_\_ Directions \_\_\_\_\_ to \_\_\_\_\_ Site \_\_\_\_\_  
 Does this installation require a service connection?  YES  NO Description of work \_\_\_\_\_

**The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act & Regulations and shall commence within 90 days. The permit expires after one year without a prior extension request.**

<p><b>Owners Signature/Declaration (Single Family Residential Dwelling Permits Only)</b>          I hereby declare that I am the Owner of the premises in which the work will be conducted and reside in the residence. I am performing the work myself, and assume responsibility for compliance with all applicable Acts, Codes and Regulations.</p> <p>Name _____          Phone No. ( ) _____ Fax No. ( ) _____          Mailing Address _____          City _____          Province _____ Postal Code _____          Email _____</p>	<p>_____  <b>Certified Plumbing Contractor Signature</b></p> <p>Plumbing Contractor          Certification No.          Company Name          Phone No. ( ) _____ Fax No. ( ) _____          Mailing Address _____          City _____          Province _____ Postal Code _____          Email _____</p>
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<p>Type of Payment: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> INTERAC <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE</p> <p>Card No. _____ Expiry Date _____          Card Holder Name _____          Card Holder Signature _____</p> <p>Cost of Installation (labour plus materials) \$ _____          Permit Fee \$ _____ + SCC Levy \$ _____          S.C.C. Fee: \$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00          Total Fees \$ _____ Receipt # _____</p>	<p style="text-align: center;"><b>AUTHORIZATION</b></p> <p>Issuing Officer Name _____          Designation # _____          Issuing Officer's Signature _____          Date Issued _____</p>
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