

Village of Ryley

PO Box 230 Ryley, AB T0B 4A0 Phone: (780) 663-3653 Fax: (780) 663-3541

www.ryley.ca

The Inspections Group Inc.

12010 – 111 Avenue

Edmonton, AB T5G 0E6 Phone: (780) 454-5048 Toll Free: (866) 554-5048 Fax: (780) 454-5222 Toll Free: (866) 454-5222

www.inspectionsgroup.com

PLUMBING PERMIT APPLICATION FORM

Application Date:DD / MMM / YYYY		Estimated Project Completion Date:DD / MMM / YYYY				
	comeowner Cost of Installation (Labor & Material): set that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.					
Owner Name: Mailing Address:						
City:	Prov:	Postal Code:		Phone:		Fax:
		Cell:		Ema	il:	
Owner's 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 or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations".						
Company Name:	Mailing Address:					
City:	Prov:	Postal Code:		Phone:		Fax:
Cell:	Email:					
Installer's Number Print Installer's Name Installer's Signature						
Project Location in the Village of Ryley:						
Street Address: Tax Roll #:						
Legal Subdivision: Pa	rt of: Section:	To	wnship:	: Range	:	West of:
Subdivision Name:		Lot	ot:	Block:	Plar	n:
Directions:						
TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:	W	ATER A	AND OR SEWER SERVIC	E:	PLUMBING DESCRIPTION OF WORK:
☐ Residential	Kitchen Sinks Basins Disc			onnect from Septic Connect to		
☐ Farm/Ranch	Showers Mur			cipal Sewer		
☐ Commercial	Laundry Toilets					
☐ Industrial				er and/or Sewer Services		
☐ Oilfield/Gas	Bathtubs					
☐ Institutional	Floor Drains					
☐ Mobile	Grease Traps Bidets/Water Fountains	🗆] Mobile	Home/Factory Assemble	d	
_	Urinals		Building Connection			
☐ Manufactured	Other					- -
I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested may be charged at a rate of \$110 per inspection (plus Levy). Accept						
Payment Type:	TIGI OFFICE USE ONLY					
Permit Fee: \$				Issuing Officer's Name:		
+ SCC Levy*: \$				Issuing Officer's Signature:		
Total Cost: \$ Receipt #:				Designation Number:		
*\$4.50 or 4% of the permit fee maximum \$560.00				Permit Issue Date:	DD /	/ MMM / YYYY
ψτ.ου οι τ/ο οι αιο pormit ice maximum ψουυ.ου						