



County of Minburn No. 27

PO Box 550, 4909-50 Street
VEGREVILLE AB T9C 1R6
Phone: 780 632 2082
Fax: 780 632 6296

www.minburncounty.ab.ca



PLUMBING PERMIT APPLICATION FORM

Tax Roll #: \_\_\_\_\_

Application Date: \_\_ DD / MMM / YYYY

Estimated Project Completion Date: \_\_ DD / MMM / YYYY

Applicant Type: [ ] Homeowner [ ] Contractor

Cost of Installation (Labor & Material Including Equipment): \_\_\_\_\_

The Permit Holder hereby certifies 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 days of issue of the permit, (b) is 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: \_\_\_\_\_ Email: \_\_\_\_\_

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 County of Minburn:

Street Address: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_

Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Directions: \_\_\_\_\_

Table with 4 columns: TYPE OF OCCUPANCY, NUMBER OF FIXTURES, WATER AND OR SEWER SERVICE, PLUMBING DESCRIPTION OF WORK. Includes checkboxes for Residential, Commercial, Industrial, etc., and lists fixtures like Kitchen Sinks, Basins, Showers, etc.

Payment Type: [ ] Cash [ ] Cheque [ ] Interac [ ] M/C [ ] Visa
Permit Fee: \$ \_\_\_\_\_
+ SCC Levy\*: \$ \_\_\_\_\_
Total Cost: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

The Inspections Group Inc.
300W, 14310 - 111 Avenue NW
EDMONTON AB T5M 3Z7
Phone: (780) 454 5048 Toll Free: (866) 554 5048
Fax: (780) 454 5222 Toll Free: (866) 454 5222
www.inspectionsgroup.com
questions@inspectionsgroup.com

\*\$4.50 or 4% of the permit fee maximum \$560.00

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS.

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.