

**COUNTY OF VERMILION RIVER**

Box 69  
 Kitscoty, AB T0B 2P0  
 Phone: (780) 846-2244  
[www.vermilion-river.com](http://www.vermilion-river.com)

**THE INSPECTIONS GROUP**

300W, 14310 - 111 Avenue NW  
 Edmonton, AB T5M 3Z7  
 (780) 454-5048 or Toll Free: (866) 554-5048  
[www.inspectionsgroup.com](http://www.inspectionsgroup.com)

**PLUMBING PERMIT APPLICATION FORM**

Permit Applicant:  Owner  Contractor

Application Date (mm/dd/yyyy): \_\_\_\_\_ Estimated Start Date (mm/dd/yyyy): \_\_\_\_\_

Development Permit No. (if applicable): \_\_\_\_\_ Estimated Completion Date (mm/dd/yyyy): \_\_\_\_\_

Building Permit No. (if applicable): \_\_\_\_\_ Value of Work (labor, materials & equipment): \$ \_\_\_\_\_

Owner Name (printed): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor Name (printed): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Municipality: COUNTY OF VERMILION RIVER Street Address: \_\_\_\_\_

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

Legal Subdivision: Part of \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Range: \_\_\_\_\_ W4M Tax Roll #: \_\_\_\_\_

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

Building Use:  Farm  Residential  Commercial  Industrial  Institutional  Oil & Gas  Other (specify): \_\_\_\_\_

Type of Work:  New  Renovation  Addition  Accessory Building  Manufactured  RTM (Ready-to-Move)

Detailed Description of Work: \_\_\_\_\_

Plumbing (insert number of each item): \_\_\_\_\_ Total Developed Area: \_\_\_\_\_

# Kitchen Sinks: \_\_\_\_\_ # Laves/Wash Basins: \_\_\_\_\_ # Showers: \_\_\_\_\_ # Laundry Tubs: \_\_\_\_\_ # Toilets: \_\_\_\_\_

# Washing Machine: \_\_\_\_\_ # Bathtubs: \_\_\_\_\_ # Sump Pumps: \_\_\_\_\_ # Bar Sinks: \_\_\_\_\_ # Urinals: \_\_\_\_\_

# Drops (mobile): \_\_\_\_\_ # Water/Sewer Connection: \_\_\_\_\_ # Floor Drains: \_\_\_\_\_ # Other Fixtures: \_\_\_\_\_

**TOTAL # OF FIXTURES:** \_\_\_\_\_

**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 ninety (90) days. The permit applicant/owner acknowledges that as per Section 12(2) of the *Alberta Safety Codes Act*, a Safety Codes Agency is not liable for any decision related to the system of inspections, examinations 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 and Protection of Privacy Act*.

Journeyman's Name (printed): \_\_\_\_\_ Journeyman's Signature: \_\_\_\_\_

Journeyman's Certification Number: \_\_\_\_\_ Homeowner Signature (homeowner permits only): \_\_\_\_\_

*(SEE HOMEOWNER'S DECLARATION FORM)*

Project Value (Materials, Labour & Equipment): \$ \_\_\_\_\_ Total Developed Area: \_\_\_\_\_ ft<sup>2</sup>

Permit Fee: \$ \_\_\_\_\_ Payment Method:  Credit Card  Debit  Cheque  Cash

\*SCC Levy: \$ \_\_\_\_\_ Authorization / Cheque Number: \_\_\_\_\_

TOTAL FEE: \$ \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Date of Authorization: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

\*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

Signature of Cardholder: \_\_\_\_\_

**Permit Validation Section to be completed by the Permit Issuer:**

Special Conditions: \_\_\_\_\_

Permit Issuer's Name (print or type): \_\_\_\_\_ Permit Issuer's Signature: \_\_\_\_\_

Permit Issuer's Designation Number: \_\_\_\_\_ Date of Issue (mm/dd/yyyy): \_\_\_\_\_

**PLEASE CONTACT YOUR SELECTED SAFETY CODES AGENCY FOR INSPECTIONS ALLOWING 48 HOURS NOTICE FOR INSPECTION**

# HOMEOWNER'S DECLARATION FORM

The owner of any thing, process or activity to which the *Safety Codes Act* (the "Act") applies shall ensure that it meets the requirements of the Act, that the thing is maintained as required by the regulations and that when the process or activity is undertaken it is done in a safe manner.

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"Homeowner" means a person as the owner of the fee simple estate of land, who resides, or with respect to a residence that is under construction, intends to reside in a freestanding single family dwelling, located on the land.

- (A) You must **OWN** and **LIVE IN** or **WILL LIVE IN** the single family residence in which you wish to do the work for the following permits: building, electrical, plumbing or gas;
- (B) You must have knowledge and be personally capable to perform the work/installation.

I am the registered Homeowner, whose name appears on the land title of the property indicated below and accept full responsibility for the work I propose to do that will be in compliance with the *Safety Codes Act and Regulations*. All information provided is true and correct.

Having read and understood the above conditions, I declare that I know how, will **PERSONALLY** install and take full responsibility for the work I propose.

**CIVIC ADDRESS:** \_\_\_\_\_

**LOT** \_\_\_\_\_ **BLOCK** \_\_\_\_\_ **PLAN** \_\_\_\_\_

**LEGAL SUBDIVISION:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Note: A permit is not a guarantee or assurance of the quality of the work, system or project to be undertaken, nor does it guarantee the longevity of a material, product or assembly. The undertaking needs to satisfy the requirements of the applicable Codes and Standards.

**OFFICE USE ONLY**

Permit # Issued: \_\_\_\_\_

Date Issued: \_\_\_\_\_

**PLEASE CONTACT YOUR SELECTED SAFETY CODES AGENCY FOR INSPECTIONS,  
ALLOWING 48 HOURS FOR INSPECTION**

The personal information requested on this form is being collected by the County of Vermilion River and/or contracted Agencies for purposes provided under Section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) and is protected by the *FOIP ACT*.