



Town of St. Paul
 Box 1480
 5101 - 50 Street
 St. Paul, AB T0A 3A0
 Phone: (780) 645 4481
 Fax: (780) 645 5076
 www.town.stpaul.ab.ca



PLUMBING PERMIT APPLICATION FORM

Application Date: _____ Estimated Project Completion Date: _____

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 may 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 Town of St. Paul:

Street Address: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:	WATER AND OR SEWER SERVICE:	PLUMBING DESCRIPTION OF WORK:
<input type="checkbox"/> Residential	Kitchen Sinks _____	<input type="checkbox"/> Disconnect from Septic Connect to Municipal Sewer	_____
<input type="checkbox"/> Farm/Ranch	Basins _____	<input type="checkbox"/> Water and/or Sewer Services	_____
<input type="checkbox"/> Commercial	Showers _____	<input type="checkbox"/> Mobile Home/Factory Assembled Building Connection	_____
<input type="checkbox"/> Industrial	Laundry _____		_____
<input type="checkbox"/> Oilfield/Gas	Toilets _____		_____
<input type="checkbox"/> Institutional	Washers _____		_____
<input type="checkbox"/> Mobile	Bathtubs _____		_____
<input type="checkbox"/> Manufactured	Floor Drains _____		_____
	Grease Traps _____		<input type="checkbox"/> ANNUAL PERMIT
	Bidets/Water Fountains _____		
	Urinals _____		
	Other _____		

Payment Type: Cash Cheque Interac M/C Visa
Permit Fee: \$ _____
+ SCC Levy*: \$ _____
Total Cost: \$ _____ Receipt #: _____
 *\$4.50 or 4% of the permit fee maximum \$560.00

The Inspections Group Inc.
 110, 4910 – 50 Avenue
 Cold Lake AB T9M 0G1
 Phone: (780) 594 4301 Toll Free: (888) 853 6411
 Fax: (780) 594 3720 Toll Free: (844) 750 3721
 www.inspectionsgroup.com
 questions@inspectionsgroup.com

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.