Park Enterprises Ltd.
#10, 491 W.T. Hill Blvd,
Lethbridge, AB T1J 1Y6
Phone: 1(800) 621-5440
Fax: 1(866) 406-8484
Email: contact@parkenterprises.ca

Plumbing Permit Application

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** *(labour & materials)*:_____

Owner Name *(printed)*:_____
Mailing Address:_____ City/Town/Village:_____ Province:_____ Postal Code:_____
*Email:_____ Owners Phone #:_____ Fax #:_____

Contracting Company Name *(printed)*:_____ **Contact Name** *(printed)*: _____
Mailing Address:_____ City/Town/Village:_____ Province:_____ Postal Code:_____
*Email:_____ Owners Phone #:_____ Fax #:_____

Project Location
Municipality:_____ Subdivision/ Hamlet Name:_____ Tax Roll No.:_____
Street/ Rural Address:_____ Unit:_____
* **Legal land description is required**
Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____
Directions:_____

Description of Work *(please provide a **complete** and **detailed** description of the work to be completed including all applicable drawings/ documents):*

☐Work has not started ☐Work is in progress ☐Work is complete

WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES
☐Single Family Residential	☐New	Kitchen Sink: _____ Floor Drain: _____
☐Multi-Family Residential	☐Addition	Wash Basin: _____ Grease Trap: _____
# of units: _____	☐Renovation/ Alteration	Shower: _____ Bidet: _____
☐Agricultural (Farm)	☐Accessory Building	Laundry Tub: _____ Drink Fountain: _____
☐Commercial	☐Basement Development	Toilet: _____ Urinal: _____
☐Industrial	☐Service Connection	Automatic Washer: _____ Roof Drain: _____
☐Institutional	☐Annual Permit	Bathtub: _____ Mop Sink: _____
☐Other _____	☐Relocatable Industrial	Non-Potable Water System: _____
	# of drops_____	Other Fixtures *(Specify)*: _____
	☐Manufactured Home/ RTM	**Total # of Fixtures**: _____
	# of drops_____	
	Foundation Type:_____	
	☐Other_____	

The personal information required on the Vulcan County application forms is collected under the authority of section 4(c) of the Protection of Privacy (POPA) Act. This information is used to support the administration and delivery of services provided by Vulcan County under the Safety Codes Act. This includes, but is not limited to, certification, accreditation, training programs, program evaluation and planning, and the processing of permit applications, issuing permits, monitoring and verifying compliance, and conducting investigations and audits. Information may be shared with municipalities, contracted accredited agencies, or other regulatory or governmental bodies as authorized by legislation. If you have any questions regarding the collection of this information, please contact Vulcan County at 403-485-2241 or 102 Centre Street, Vulcan T0L 2B0.

_____ _____ _____
Certified Installer's Name *(please print)* Certification No. Certified Installer's Signature

_____
Homeowner's Signature *(homeowner permit only)* **Homeowner Declaration**: 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.

OFFICE USE ONLY

Other Permits Required ☐ Building ☐ Electrical ☐ Gas ☐ Private Sewage
☐ Not Applicable

Permit Fee: $_____
SCC Levy: $_____
($4.50 or 4% of the permit fee maximum $560.00)
Travel Fee: $_____
Total Cost: $_____

Receipt No.: _____
☐Invoiced ☐Cash ☐Cheque ☐Debit
☐Credit Card ☐Visa ☐MC *(attach signed credit card authorization form)*

[Received Date Stamp]

eSITE Permit No.: _____

Agency File No.: _____

* Email address fields and legal land description are required to be completed. Please go to parkenterprises.ca for FAQs and application checklists..