



TOWN OF  
**DIAMOND  
VALLEY**



## Plumbing Permit Application

Park Enterprises Ltd.  
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Permit Applicant:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Contractor<br><b>Application Date</b> (mm/dd/yyyy): _____<br>Development Permit No. (if applicable): _____<br>Building Permit No. (if applicable): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Estimated Start Date (mm/dd/yyyy): _____<br>Estimated Completion Date (mm/dd/yyyy): _____<br><b>Value of Work</b> (labour & materials): _____ |                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Owner Name</b> (printed): _____<br>Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____<br>*Email: _____ Owners Phone #: _____ Fax #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Contracting Company Name</b> (printed): _____ <b>Contact Name</b> (printed): _____<br>Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____<br>*Email: _____ Owners Phone #: _____ Fax #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Project Location</b><br>Municipality: _____ Subdivision/ Hamlet Name: _____ Tax Roll No.: _____<br>Street/ Rural Address: _____ Unit: _____<br>* Legal land description is required<br>Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____<br>Directions: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Description of Work</b> (please provide a <b>complete</b> and <b>detailed</b> description of the work to be completed including all applicable drawings/ documents):<br><br><div style="text-align: center;"> <input type="checkbox"/> Work has not started    <input type="checkbox"/> Work is in progress    <input type="checkbox"/> Work is complete<br/> <b>WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>TYPE OF OCCUPANCY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>TYPE OF WORK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                               | <b>NUMBER OF FIXTURES</b>                                                                                                                                                                                                                                                                                                                                                             |  |
| <input type="checkbox"/> Single Family Residential<br><input type="checkbox"/> Multi-Family Residential<br># of units: _____<br><input type="checkbox"/> Agricultural (Farm)<br><input type="checkbox"/> Commercial<br><input type="checkbox"/> Industrial<br><input type="checkbox"/> Institutional<br><input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> New<br><input type="checkbox"/> Addition<br><input type="checkbox"/> Renovation/ Alteration<br><input type="checkbox"/> Accessory Building<br><input type="checkbox"/> Basement Development<br><input type="checkbox"/> Service Connection<br><input type="checkbox"/> Annual Permit<br><input type="checkbox"/> Relocatable Industrial<br># of drops _____<br><input type="checkbox"/> Manufactured Home/ RTM<br># of drops _____<br>Foundation Type: _____<br><input type="checkbox"/> Other _____ |                                                                                                                                               | Kitchen Sink: _____ Floor Drain: _____<br>Wash Basin: _____ Grease Trap: _____<br>Shower: _____ Bidet: _____<br>Laundry Tub: _____ Drink Fountain: _____<br>Toilet: _____ Urinal: _____<br>Automatic Washer: _____ Roof Drain: _____<br>Bathtub: _____ Mop Sink: _____<br><br>Non-Potable Water System: _____<br>Other Fixtures (Specify): _____<br><b>Total # of Fixtures:</b> _____ |  |
| <small>The personal information required on the Town of Diamond Valley 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 the Town of Diamond Valley 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 the Town of Diamond Valley at 403-933-4348 or 301 Centre Avenue West, Diamond Valley TOL 0H0.</small> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                       |  |
| Certified Installer's Name (please print) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Certification No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                               | Certified Installer's Signature _____                                                                                                                                                                                                                                                                                                                                                 |  |
| Homeowner's Signature (homeowner permit only) <b>Homeowner Declaration:</b> 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <b>Other Permits Required</b> <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Private Sewage<br><input type="checkbox"/> Not Applicable<br><br>Permit Fee: \$ _____<br>SCC Levy: \$ _____<br>(\$4.50 or 4% of the permit fee maximum \$560.00)<br>Travel Fee: \$ _____<br><b>Total Cost:</b> \$ _____<br><br>Receipt No.: _____<br><input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit<br><input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="text-align: center; margin-bottom: 20px;">[Received Date Stamp]</div> eSITE Permit No.: _____<br>Agency File No.: _____           |                                                                                                                                                                                                                                                                                                                                                                                       |  |

\* Email address fields and legal land description are required to be completed. Please go to [parkenterprises.ca](http://parkenterprises.ca) for FAQs and application checklists..