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 application form 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 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 Park Enterprises at 403-329-3747 or #10 – 491 W.T. Hill Blvd South, Lethbridge T1J 1Y6.*

_____ _____ _____

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.