

Plumbing Permit Application

Permit Applicant: ☐ Owner ☐ Contractor Application Date (mm/dd/yyyy): _____ Development Permit No. (if applicable): _____ Building Permit No. (if applicable): _____			Estimated Start Date (mm/dd/yyyy): _____ Estimated Completion Date (mm/dd/yyyy): _____ 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 ☐ Multi-Family Residential # of units: _____ ☐ Agricultural (Farm) ☐ Commercial ☐ Industrial ☐ Institutional ☐ Other _____		☐ New ☐ Addition ☐ Renovation/ Alteration ☐ Accessory Building ☐ Basement Development ☐ Service Connection ☐ Annual Permit ☐ Relocatable Industrial # of drops _____ ☐ Manufactured Home/ RTM # of drops _____ Foundation Type: _____ ☐ Other _____		Kitchen Sink: _____ Floor Drain: _____ Wash Basin: _____ Grease Trap: _____ Shower: _____ Bidet: _____ Laundry Tub: _____ Drink Fountain: _____ Toilet: _____ Urinal: _____ Automatic Washer: _____ Roof Drain: _____ Bathtub: _____ Mop Sink: _____ Non-Potable Water System: _____ Other Fixtures (Specify): _____ Total # of Fixtures: _____	
The personal information required on the Town of Raymond 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 Raymond 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 Raymond at 403-752-3322 or 210 N 200 W Box 629, Raymond T0K 2S0.					
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.