



Plumbing Permit Application

Park Enterprises Ltd.
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Lethbridge, AB T1J 1Y6
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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: _____	
FOIP Notification: The personal information required by the Town of Pincher Creek application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Town of Pincher Creek at 403-627-3156 or 962 St. John Avenue, Pincher Creek T0K 1W0.					
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.