Town Of Milk River

PARK ENTERPRISES LTD.
Permits & Inspection Services

Plumbing Permit Application

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

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_____	

FOIP Notification: *The personal information required by the Town of Milk River 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 Milk River at 403-647-3773 or 240 Main Street NW, Milk River T0K 1M0.*

_____ _____ _____
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.