



Mountain View
C O U N T Y

PLUMBING PERMIT APPLICATION

Permit Number _____

1408 Twp. Rd. 320 / Postal Bag 100, Didsbury, AB Canada TOM OWO
T 403.335.3311 F 403.335.9207 Toll Free 1.877.264.9754
www.mountainviewcounty.com

Permit Type: Owner Contractor DP # _____ BP # _____
Application Date (M/D/Y): _____ Other Permits Applications: Building Electrical Gas PSDS

Landowner: _____
Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
Phone: _____ Fax: _____ Alternate Phone: _____
Email Address: _____

Applicant: _____
Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
Phone: _____ Fax: _____ Alternate Phone: _____
Email Address: _____

Contractor: _____
Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____
Phone: _____ Fax: _____ Alternate Phone: _____
Email Address: _____

Legal: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ **Roll Number** (Office Use): _____
Plan: _____ Block: _____ Lot: _____ **Rural Address:** _____
Directions: _____

Estimated Completion Date: _____ **Estimated Project Value:** \$ _____

Type of Work: <input type="checkbox"/> New Construction <input type="checkbox"/> Manufactured Home (connection only) <input type="checkbox"/> Modular Home <input type="checkbox"/> Relocation <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Accessory Building <input type="checkbox"/> Temporary Service	Building Use: <input type="checkbox"/> Agricultural <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Other (please specify) _____	Plumbing fixtures (Insert number of each item): # Kitchen Sinks _____ # Showers _____ # Toilets _____ # Bathtubs _____ # Laves/Wash Basin _____ # Urinals _____ # Automatic Washer _____ # Laundry Tubs _____ # Bar Sink _____ #Floor Drains _____ # Sumps _____ # Other Fixtures _____ Total # Fixtures _____
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Water Sewer Connection _____ **Total Developed Area** _____ sq ft

Description of Work:

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days and generally expires after one year without an extension request. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information of Privacy Act.

I (am/represent)* the owner of the land and (will be/represent)* the owner of the building for which I am submitting this permit application. I have read and understood the statements printed on this form. I agree to all applicable laws in this jurisdiction.

*Strike out non-applicable word

Name (Please print) Signature

Journeyman's Certification Number

Payment Method: Visa M/C Debit Cheque Cash Auth / Chq. Number _____

Name of Cardholder: _____ Signature of Cardholder: _____

Credit Card #: _____ Expiry Date: _____ Date of Auth: _____

Permit Fee: \$ _____ *SCC Levy: \$ _____ (*4% of permit fee with a minimum of \$4.50)

TOTAL FEE: \$ _____

Office Use Only

Permit Validation Section to be completed by Permit Issuer:

Special Conditions: _____

Permit Issuer's Name (print or type) Permit Issuer's Signature

Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____

**INSPECTION REQUESTS please contact Superior Safety Codes at:
Ph. 403-717-2344 or 1-888-717-2344 Fax 403-717-2340 or 1-888-717-2340
Allow 48 hours notice for inspection**

Bylaw No. 17/06
Schedule E- Excerpt
Planning and Development Services

PLUMBING PERMIT FEES		
Residential & Non-Residential Installations		
Number of Fixtures	Homeowner Fee	Contractor Fee
1	\$100.00	\$80.00
2	\$100.00	\$80.00
3	\$100.00	\$80.00
4	\$100.00	\$80.00
5	\$115.00	\$90.00
6	\$125.00	\$100.00
7	\$130.00	\$105.00
8	\$135.00	\$110.00
9	\$140.00	\$115.00
10	\$145.00	\$120.00
11	\$150.00	\$125.00
12	\$155.00	\$130.00
13	\$160.00	\$135.00
14	\$165.00	\$140.00
15	\$170.00	\$145.00
16	\$175.00	\$150.00
17	\$180.00	\$155.00
18	\$185.00	\$160.00
19	\$190.00	\$165.00
20	\$195.00	\$170.00
Over 20	\$195.00 plus \$5.00 per fixture over 20	\$170.00 plus \$5.00 per fixture over 20

Municipal Water & Sewer Connection	
Description	Permit Fee
Water & Sewer Connection	\$80.00

NOTE: Effective April 1, 2010 the Safety Codes Council has increased the SCC Levy to 4% with a minimum of \$4.50 and a maximum of \$560

INSPECTION REQUESTS please contact Superior Safety Codes at:
Ph. 403-717-2344 or 1-888-717-2344 Fax 403-717-2340 or 1-888-717-2340
Allow 48 hours notice for inspection