

309 Powder Drive
Fort McMurray, AB T9K 0M3
Phone 780-799-8695 Fax 780-743-7874



REGIONAL MUNICIPALITY
OF WOOD BUFFALO

Permit Label

Plumbing Permit Application

Other Permits Required: Building Electrical Gas PSDS

Permit Type: Owner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

Estimated Completion Date (M/D/Y): _____

Owner Name: _____ **Mailing Address:** _____
City: _____ **Prov:** _____ **Postal Code:** _____ **Phone:** _____
Alt Phone: _____ **Email Address:** _____ **Fax:** _____

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

REGIONAL MUNICIPALITY OF WOOD BUFFALO **Street Address:** _____ **Hamlet:** _____
Unit #: _____ **Lot:** _____ **Block:** _____ **Plan:** _____ **Tax Roll #:** _____
Legal Subdivision: **Part of:** _____ **¼ Sect:** _____ **Twp:** _____ **Rg:** _____ **W of:** _____ **Subdivision:** _____
Directions: _____

Project Information: Commercial Residential Multi Family Industrial Institutional Oil & Gas
Type of Work: New Renovation Addition Accessory Building RTM (Ready to Move) Basement Dev. Other
Description of Work: _____

Plumbing (Insert number of each item):			Total Developed Area _____
# Kitchen Sinks: _____	# Laves/Wash Basins: _____	# Showers: _____	# Laundry Tubs: _____
# Toilets: _____	# Washing Machine: _____	# Bathtubs: _____	# Floor Drains: _____
# Sumps: _____	# Bar Sink: _____	# Urinals: _____	# Other Fixtures: _____
# of Drops (Mobile): _____	# Water/Sewer Connection: _____	Total # of Fixtures: _____	

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. The permit applicant acknowledges this permit may expire in one (1) year unless extended in writing by a Safety Codes Officer. 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.

Journeyman's Name (Please print) Journeyman's Signature Homeowner's Signature (Homeowner permits only)
Journeyman's Certification Number _____

Permit Fee: \$ _____ ***SCC Levy:** \$ _____ **TOTAL FEE:** \$ _____
*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560
Payment Method: Visa M/C Debit Cheque Cash **Authorization / Cheque Number** _____
Credit Card #: _____ **Expiry Date:** _____ **Date of Authorization:** _____
Name of Cardholder: _____ **Signature of Cardholder:** _____

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. 780-715-7726 or 1-877-715-7726 Fax 780-715-7731 or 1-877-815-7731
Allow 48 hours notice for inspection

Please Note: There will be no refunds on application fees