

Town of Bon Accord

PO Box 779 BON ACCORD AB TOA 0K0

Phone: 780 921 3550 Fax: 780 921 3585 www.bonaccord.ca

The Inspections Group Inc.

12010 – 111 Avenue EDMONTON AB T5G 0E6

Phone: 780 454 5048 Toll Free: 1 866 554 5048 Fax: 780 454 5222 Toll Free: 1 866 454 5222

www.inspectionsgroup.com

PLUMBING PERMIT APPLICATION FORM

Application Date:DD / MMM / YYYY		Estimated Project Completion Date: DD / MMM / YYYY					
Applicant Type: Homeowner Contractor			Cost of Installation (Labor & Material):				
The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. A permit may expire if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days. An extension can be considered when applied for in writing prior to permit expiry date.							
Owner Name: Mailing Address:							
City:	Prov:	_ Postal Code:		Phone:		Fax:	
Cell:Email:							
Company Name: Mai				ng Address:			
City:	Prov:	Postal Code:		Phone:		Fax:	
Cell:	Email:						
Installer's Number Print Installer's Name			Installer's Signature				
Project Location in the Town of Bon Accord:							
Street Address: Tax Roll #:							
Legal Subdivision: Part o	f: Section:		Township:	F	Range:	West of:	
Subdivision Name: Block: Plan:							
Directions:							
TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:		WATER A	AND OR SEWER SERV	ICE:	PLUMBING DESCRIPTION OF WORK:	
☐ Residential			☐ Disco	Disconnect from Septic Connect to			
☐ Farm/Ranch	Basins Showers		Municipal Sewer				
☐ Commercial	Laundry						
☐ Industrial	Toilets			and/ar Cawar Camiaaa			
☐ Oilfield/Gas	Washers	Water and/or Sewer Services					
☐ Institutional	Bathtubs						
	Floor Drains	☐ Mobile	e Home/Factory Assemb				
Mobile	Grease TrapsBidets/Water Fountains			uilding Connection			
☐ Manufactured	Urinals						
	Other						
I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested may be charged at a rate of \$100 per inspection (plus Levy). Accept							
Payment Type: ☐ Cash ☐ Cheque ☐ C/C Agreement ☐ Interac				TIGI OFFICE USE ONLY			
Parrit Face 6				Issuing Officer's Name:			
Permit Fee: \$				Issuing Officer's Signature:			
+ SCC Levy*: \$ Receipt #:				Designation Number:			
Total Cost: \$	Permit Issue Date:	DD / N	MMM / YYYY				
*\$4.50 or 4% of the permit fee maximum \$560.00							