



# Town of Redcliff Plumbing Permit Application

Permit Label

The personal information provided as part of this application is collected under section 43 of the Safety Codes Act and sections 303 and 295 of the Municipal Government Act and in accordance with section 33(c) of the Freedom of Information and Protection of Privacy Act. The information collected will be used for issuing permits, safety codes compliance/verification, monitoring and property assessment purposes. If you have any questions about the collection of information please contact the FOIPP coordinator at 403-548-3618.

**Owner Information**

Name: \_\_\_\_\_ Mailing Address/Box #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Contractor Information**

Name: \_\_\_\_\_ Mailing Address/Box #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Journeyman's Certification#:** \_\_\_\_\_ **Journeyman's Name (Please Print):** \_\_\_\_\_

**Building Use:**

Commercial  Industrial  Residential  Multi-Family  Institutional  Farm Building  Other

**Type of Work:** New  Addition  RTM  Garage  Shop  Connection  Other

**Description of Work:** \_\_\_\_\_

**Fixtures** Kitchen Sinks: \_\_\_\_\_ Bathroom Sinks: \_\_\_\_\_ Showers: \_\_\_\_\_ Laundry Tubs: \_\_\_\_\_ Toilets: \_\_\_\_\_ Washers: \_\_\_\_\_

Bathtubs: \_\_\_\_\_ Floor Drains: \_\_\_\_\_ Sumps: \_\_\_\_\_ Urinals: \_\_\_\_\_ Weeping Tile: \_\_\_\_\_ Lift Stations: \_\_\_\_\_

# of Drops: \_\_\_\_\_ Mobile Connection(s): \_\_\_\_\_ Water/Sewer Connection: \_\_\_\_\_ Other: \_\_\_\_\_ **Total # of Fixtures=** \_\_\_\_\_

**Project Location**

**Municipality:** \_\_\_\_\_ **Street or Rural Address:** \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ **Legal:** Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Twp: \_\_\_\_\_ Rge: \_\_\_\_\_ W of: \_\_\_\_\_

**Roll #:** \_\_\_\_\_ **Directions:** \_\_\_\_\_

**Permit Declaration:** The permit applicant certifies that this project will be completed in accordance with the Alberta Safety Codes Act & Regulations. Permit may expire if work is not commenced within 90 days from date of issuance or if work is suspended or abandoned for a period of 120 days. Any extra inspections exceeding what is required by the conditions of the permit will incur a fee of \$100 per inspection. If the Permit is cancelled or withdrawn prior to closure, then a fee for any services provided by Park Enterprises Ltd. will be retained or collected.

\_\_\_\_\_  
Permit Applicant Signature

**Homeowner Permits Only:** By signing this permit I hereby certify that I own or will own and occupy this dwelling

**Permit Validation: (Office Use Only)**

Issuing Officer: \_\_\_\_\_

Designation #: \_\_\_\_\_

Issuing Officer's Signature: \_\_\_\_\_

Issue Date: \_\_\_\_\_

**Fees (Office Use Only)**

Permit: \_\_\_\_\_

Admin: \_\_\_\_\_

SCC: \_\_\_\_\_

\*SCC Levy is 4% of the Permit fee with a min of \$4.50 & max of \$560

Total: \_\_\_\_\_



**Park Enterprises Ltd.**  
**Please contact for inspections & inquiries**

Phone: 403-329-3747 Fax: 403-329-8514 Email: [contact@parkinspections.com](mailto:contact@parkinspections.com) **Estimated Inspection Date:** \_\_\_\_\_