



Smoky Lake County
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The Inspections Group Inc.
 12010 – 111 Avenue
 EDMONTON AB T5G 0E6
 Phone: 780 454 5048 Toll Free: 1 866 554 5048
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 www.inspectionsgroup.com

Plumbing Permit Application Form

Application Date (Y/M/D): _____

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

Development Permit Number: _____

Permit Type: Owner 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 & Regulations and shall commence within 90 days of permit issuance. This permit expires after 90 days without an extension request.

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

Owner's Signature / Declaration (Single Family Residential Only)

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

Contractor Name: _____ **Address:** _____
 City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____
 Cell: _____ Email: _____

Installer's Number _____ Installer's Name _____ Installer's Signature _____

Project Location:

Municipality/Town/Village/Street Address: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____
 Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____
 Directions: _____

| TYPE OF OCCUPANCY | NUMBER OF FIXTURES | WATER AND/OR SEWER SERVICE | PRIVATE SEWAGE |
|--|------------------------------|--|--|
| <input type="checkbox"/> Residential | Kitchen Sinks _____ | <input type="checkbox"/> Disconnect from Septic Connect to Municipal Sewer | Please use separate private sewage application form |
| <input type="checkbox"/> Farm/Ranch | Basins _____ | <input type="checkbox"/> Water and/or Sewer Services | |
| <input type="checkbox"/> Commercial | Showers _____ | <input type="checkbox"/> Mobile Home/Factory Assembled Building Connection | Plumbing Description of Work: _____ _____ _____ _____ |
| <input type="checkbox"/> Industrial | Laundry _____ | | |
| <input type="checkbox"/> Oilfield/Gas | Toilets _____ | | |
| <input type="checkbox"/> Institutional | Washers _____ | | |
| <input type="checkbox"/> Mobile | Bathtubs _____ | | |
| <input type="checkbox"/> Manufactured | Floor Drains _____ | | |
| | Grease Traps _____ | | |
| | Bidets/Water Fountains _____ | | |
| | Urinals _____ | | |
| | Other _____ | | |

Type of Payment: Cash Cheque Visa MC Other
 Credit Card # _____ Expiry _____
Permit Fee: \$ _____ + **SCC Levy** \$ _____
 \$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00
Total Cost: \$ _____ Receipt #: _____

AUTHORIZATION

Issuing Officer's Name: _____
 Issuing Officer's Signature: _____
 Designation Number: _____
 Issued Date: _____

PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.