Summer Village of Kapasiwin
Site 1, Box 157, RR 1
Onoway, AB T0E 1V0
Phone: 780 914 0997
Fax: 780 963 4260
www.kapasiwinalberta.com

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.inspectiongroup.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 may be considered when applied for in writing prior to permit expiry date.

Owner Name: _____ Mailing 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 or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations".

Company Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

_____ _____ _____

Installer's Number | Print Installer's Name | Installer's Signature

Project Location in the Summer Village of Kapasiwin:

Street Address: _____

Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____

Subdivision Name: _____ Lot: _____ Block: _____ Plan: _____

Directions: _____

TYPE OF OCCUPANCY:

- ☐ Residential
- ☐ Farm/Ranch
- ☐ Commercial
- ☐ Industrial
- ☐ Oilfield/Gas
- ☐ Institutional
- ☐ Mobile
- ☐ Manufactured

NUMBER OF FIXTURES:

Kitchen Sinks	_____
Basins	_____
Showers	_____
Laundry	_____
Toilets	_____
Washers	_____
Bathtubs	_____
Floor Drains	_____
Grease Traps	_____
Bidets/Water Fountains	_____
Urinals	_____
Other	_____ (Describe in description of work)

WATER AND OR SEWER SERVICE:

- ☐ Disconnect from Septic Connect to Municipal Sewer
- ☐ Water and/or Sewer Services
- ☐ Mobile Home/Factory Assembled Building Connection

Seasonal Property? ☐ Yes ☐ No

PLUMBING DESCRIPTION OF WORK:

_____
_____
_____
_____
_____
_____
_____

Payment Type: ☐ Cash ☐ Cheque ☐ Credit Card ☐ Interac

Permit Fee: $ _____

+ SCC Levy*: $ _____

Total Cost: $ _____ Receipt #: _____

*$4.50 or 4% of the permit fee maximum $560.00

TIGI OFFICE USE ONLY

Issuing Officer's Name: _____

Issuing Officer's Signature: _____

Designation Number: _____

Permit Issue Date: DD / MMM / YYYY

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.

PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.