INSPECTION SERVICES FOR THE CITY AND CAMROSE COUNTY

PERMIT NO.

PLUMBING PERMIT

Date:_____ Municipality _____ Roll # _____ Zone _____

Permit Applicant: ○ Owner ○ Contractor

Owner Name _____ Mailing Address _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Contractor/Firm Name _____ Mailing Address _____

City _____ Province _____ Postal Code _____ Phone _____

Cell _____ Email _____ Fax _____

Project Location Street/Rural Address_____

Lot _____ Block _____ Plan _____ Section_____ Township_____ Range _____ W4

INSTALLATION DETAILS _____

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES			
☐ Single Residential	☐ New	Kitchen Sink	_____	Oil Interceptor	_____
☐ Multi-Family	☐ Addition	Lavatory	_____	Urinals	_____
☐ Commercial	☐ Renovation	Showers	_____	Bidet	_____
☐ Industrial	☐ Other:	Laundry Tub	_____	Other	_____
☐ Institutional		Water Closet	_____		
☐ Offsite Manufactured Home		Washing Machine	_____	**Total Fixtures**	_____
☐ Shop		Bathtub	_____		
☐ Accessory Building		Floor Drain	_____	Total Footprint	_____
☐ Basement Development		Grease Trap	_____		☐ ft^2
☐ Other:		Sand/Grit Interceptor	_____		
_____	_____				

FOIPP Notification: The personal information required by the City of Camrose application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to a municipality or made available to the public as required or allowed by legislation. Personal information may also be used by the City of Camrose to conduct ongoing evaluations of the services provided by its service providers to permit applications, permit holders and owners. Please direct any questions about this application to the City of Camrose FOIPP Coordinator at 780.672.4426.

_____ Journeyman's Name (Print)

_____ Journeyman's Signature

_____ Homeowner Signature **(homeowner permit only)**

By signing this application I hereby certify that I own or will own and occupy this dwelling.

Journeyman's Certification Number _____

Office Use Only		
Permit Fee	SCC Levy ($4.50 or 4% of permit fee, max $560.00)	Issuer's Name
Travel Fee (Includes GST)	Total Cost	Issuer's Signature
	Receipt No.	Designation Number
		Permit Issue Date

Permit expires two years after Permit Issue Date unless, prior to expiry date, an extension is applied for and accepted at the Discretion of the Safety Codes Officer.

City of Camrose 5204 – 50 AVENUE, Camrose AB T4V 0S8 PHONE 780.672.4428 FAX 780.672.6316 EMAIL permits@camrose.ca