242006 Rge Rd. 243 | WHEATLAND COUNTY AB T1P 2C4
Phone: 403-934-3321 | Fax: 403-934-4889
www.wheatlandcounty.ca

File Number:_____

Date Received:_____

Tax Roll No.: _____

PLUMBING PERMIT APPLICATION FORM

Development Permit No.: _____ Estimated Project Completion Date (mm/dd/yyyy): _____

Permit Applicant: ☐ Owner ☐ Contractor ☐ Work has not started ☐ Work is in progress ☐ Work is complete

Owner / Applicant: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Cell: _____ Email: _____ Fax: _____

Contractor: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Contractor Name: _____ Cell: _____ Email: _____ Fax: _____

Project Location: Municipality: Wheatland County Subdivision / Hamlet: _____

Street/Rural Address: _____

Lot: _____ Block: _____ Plan: _____ Legal Subdivision: _____ Section: ____ Township: _____ Range: ____ West of: ___

Directions: _____

Please Provide a Detailed Description of Work:

PROJECT INFORMATION	TYPE OF WORK	NUMBER OF FIXTURES
☐ Single Family Residential ☐ Multi-family ☐ Agriculture ☐ Manufactured/Mobile Home ☐ Oil and Gas ☐ Skid Units ☐ Institutional ☐ Commercial ☐ Industrial ☐ Multi Family Residential ☐ Other: _____	☐ New ☐ Accessory Building ☐ Ready to Move ☐ Service Connection ☐ Other: _____	Kitchen Sinks: _____ Bathtubs: _____ Basins: _____ Floor Drains: _____ Showers: _____ Grease Traps: _____ Laundry Tubs: _____ Bidets/Water Fountains: _____ Toilets: _____ Urinals: _____ Washing Machine: _____ Other Fixtures: _____ Total: _____

FOIPP Notification: The personal information required by the Wheatland County 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 the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Wheatland County at 403-934-3321 or 242006 RGE RD 243 WHEATLAND COUNTY AB T1P 2C4.

_____ Journeyman's Name (print)

_____ Journeyman's Signature

_____ Homeowner 's Signature (homeowner permit only)
Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.

Journeyman's Certification No.: _____

Office Use Only

Permit Fee: $ _____ SCC Levy: _____ Issuing Officer's Name: _____

Total Cost: $ _____ ($4.50 or 4% of the permit fee maximum $560.00) Issuing Officer's Signature: _____

Designation No.: _____

☐ Cash ☐ Debit ☐ Cheque _____ Permit Issue Date (mm/dd/yyyy): _____

Credit Card No: _____ Expiration Date: _____ Cardholder Signature: _____

Would you like to sign up for our Semi-Annual Contractor Newsletter? ☐ Yes ☐ No If Yes, Email Address: _____

Contact Park Enterprises Ltd. for inspections & inquiries.
Phone: 1-800-621-5440 Fax: 1-866-406-8484