



County of Minburn No. 27

PO Box 550, 4905-50 Street
VEGREVILLE AB T9C 1R6
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www.minburncounty.ab.ca

The Inspections Group Inc.

12010 - 111 Avenue NW
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

Tax Roll Number: _____

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. Section 25(1) of the Permit Regulation states: "A permit expires 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 can 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 County of Minburn No. 27:

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

Table with 4 columns: TYPE OF OCCUPANCY, NUMBER OF FIXTURES, WATER AND OR SEWER SERVICE, PLUMBING DESCRIPTION OF WORK. Includes checkboxes for Residential, Commercial, Industrial, etc., and lists fixtures like Kitchen Sinks, Showers, Toilets, etc.

Payment Type: [] Cash [] Cheque [] Credit Card [] Interac
Permit Fee: \$ _____
+ SCC Levy*: \$ _____
Total Cost: \$ _____ Receipt #: _____

TIGI OFFICE USE ONLY
Issuing Officer's Name: _____
Issuing Officer's Signature: _____
Designation Number: _____
Permit Issue Date: DD / MMM / YYYY

REMIT PAYMENT & APPLICATION TO THE INSPECTIONS GROUP INC.

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

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.