



309B Macleod Trail S.W.
 High River, AB T1V 1Z5
 P: 403-603-3412
 E: permits@highriver.ca
 W: www.highriver.ca

Plumbing Permit#	HRV-	PERMIT FEE:		APPLICATION DATE:	
File #		SCC:		ROLL:	
		TOTAL FEE:		RECEIPT #	

PLUMBING PERMIT

Plumbing Permit # _____	_____ Estimated Commencement Date _____ Estimated Completion Date
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PROPERTY INFORMATION (MUST BE COMPLETED)

Municipal Address _____ Unit / Bay# _____
 Legal Description Lot _____ Block _____ Plan _____
 Pt. _____ Sec. _____ Twp. _____ Rge. _____ W _____ M _____

OWNER INFORMATION (MUST BE COMPLETED) *if business, give full business name, not the numbered company name*

Name _____ Email _____
 Address _____ City _____ Province _____ Postal Code _____
 Home # _____ Cell # _____

FOR HOMEOWNER'S PERMIT ONLY

"I hereby declare I am the owner of the property and / or 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"

Homeowner Signature: _____

SUBCONTRACTOR INFORMATION - PLUMBER

Business Name: _____ Business # _____
 Plumber: _____ Journeyman # _____ Cell # _____
 Address: _____ City: _____
 Province: _____ Postal Code _____ E-Mail: _____

Whether a subcontractor is doing the work or a homeowner is taking full responsibility for the work, if a change of contractor occurs after the work has begun and/or been inspected, a new Permit must be applied for and applicable fees paid.

<p>Residential _____ sq ft \$ _____ Job Value</p> <p><input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> New Construction / Addition <input type="checkbox"/> Basement Development <input type="checkbox"/> Renovation <input type="checkbox"/> Accessory Building</p>	<p>COMMERCIAL / INDUSTRIAL / INSTITUTIONAL</p> <p><input type="checkbox"/> Base Building <input type="checkbox"/> Tenant Bay / Unit Development</p>
<p>The section below MUST be completed for all Residential / Commercial / Industrial / Institutional projects.</p> <p>Total Number of Outlets _____</p> <p>Laundry Sinks _____ Bath Tubs _____ Showers _____ Floor Drains _____ Weeping Tile _____ Bathroom Sinks _____ Laundry _____ Toilets _____ Urinals _____ Other Fixtures _____ Kitchen Sinks _____ Other _____ Water & Sewer Connection _____</p> <p>Additional Information _____</p> <p>Please note: Garage & Shop floor drains are NOT allowed to drain into a Storm system and must have a grease inceptor installed.</p>	

Permit Holder Signature: _____ Date _____
 Payment can be made by completing a Credit Card Authorization form, available online at www.highriver.ca

For inspections, contact the Town of High River Safety Codes Department
 E-Mail: permits@highriver.ca TEL: 403-603-3412
****THIS PERMIT WILL EXPIRE ONE YEAR FROM THE DATE OF ISSUE****

Permit Validation Section (OFFICE USE ONLY)

_____	_____
Permit Issuer Name (print)	Permit Issuer Designation Number
_____	_____
Issuing Permit Issuer Signature	Date of Issue



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IMPORTANT INFORMATION YOU SHOULD KNOW ABOUT YOUR:

PLUMBING PERMIT

- It is the applicant / contractor's responsibility to ensure that inspections are notified, at the rough-in stage before the walls are covered and at the final stage (prior to occupancy) upon completion.
- Failure to notify for plumbing inspections (as required by the Canadian Plumbing Code) will indicate to the Authority Having Jurisdiction (The Town of High River) that the plumbing installation has not commenced, or has been suspended, and the permit will expire one (1) year from date of issue.

FOIP Disclaimer: *The information collected via this form is being collected by the Town of High River pursuant to legislation governing the information handling practices of the Town of High River, specifically Sections 33 (a) and (c) of the Freedom of Information and Protection of Privacy Act (Alberta), the Municipal Government Act (Alberta), and other legislation or bylaws governing the municipality, as may be applicable. By signing this document, you acknowledge that, in accordance with Section 17(2)(g) of the Freedom of Information and Protection of Privacy Act your name, address and other details related to your permit may be made available to the public. Should you have any questions related to the collection or disclosure of your personal information, please contact the Legislative Services division for the Town of High River at 403.652.2110.*