



**Town of Gibbons**  
 PO Box 68  
 GIBBONS AB T0A 1N0  
 Phone: 780 923 3331  
 Fax: 780 923 3691  
 www.gibbons.ca

**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.inspectionsgroup.com

## PLUMBING PERMIT APPLICATION FORM

**File Number:** \_\_\_\_\_ **Roll Number:** \_\_\_\_\_ **Permit Number:** \_\_\_\_\_

**Application Date (Y/M/D):** \_\_\_\_\_ **Estimated Project Completion Date (Y/M/D):** \_\_\_\_\_

**Permit Type:**  **Owner**  **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 & Regulations and shall commence within 90 days. This permit expires after 90days without an extension request.

**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 on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations"

**Contractor Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Installer's Number \_\_\_\_\_ Print Installer's Name \_\_\_\_\_ Installer's Signature \_\_\_\_\_

**Project Location in The Town of Gibbons:**

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

TYPE OF OCCUPANCY	NUMBER OF FIXTURES	WATER AND OR SEWER SERVICE	PRIVATE SEWAGE
<input type="checkbox"/> Residential	Kitchen Sinks _____	<input type="checkbox"/> Disconnect from Septic Connect to Municipal Sewer  <input type="checkbox"/> Water and/or Sewer Services  <input type="checkbox"/> Mobile Home/Factory Assembled Building Connection	Please use separate private sewage application form
<input type="checkbox"/> Farm/Ranch	Basins _____		
<input type="checkbox"/> Commercial	Showers _____		
<input type="checkbox"/> Industrial	Laundry _____		
<input type="checkbox"/> Oilfield/Gas	Toilets _____		
<input type="checkbox"/> Institutional	Washers _____		
<input type="checkbox"/> Mobile	Bathtubs _____		
<input type="checkbox"/> Manufactured	Floor Drains _____		
	Grease Traps _____		
	Bidets/Water Fountains _____		
	Urinals _____		
	Other _____		

<p><b>Payment Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Interac</p> <p>Credit Card No.: _____ Exp: _____</p> <p>Cardholder Name/Signature: _____</p> <p><b>Permit Fee:</b> \$ _____ + <b>SCC Levy</b> \$ _____  <small>\$4.50 or 4% of the permit fee (whichever is greater) maximum \$560.00</small></p> <p><b>Total Cost:</b> \$ _____ <b>Receipt #:</b> _____</p>	<p><b>OFFICE USE ONLY</b></p> <p>Issuing Officer's Name: _____</p> <p>Issuing Officer's Signature: _____</p> <p>Designation Number: _____</p> <p>Permit Issue Date: _____</p>
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**PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING A MINIMUM OF TWO WORKING DAYS NOTICE.**

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.