



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: Lethbridge County Subdivision Name: _____
Street/Rural Address: _____ Postal Code: _____
Lot: _____ Block: _____ Plan: _____ Legal Subdivision: _____ Section: _____ Township: _____ Range: _____ West of: _____
Directions: _____

Please Provide a Detailed Description of Work:

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES
<input type="checkbox"/> Single Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Skid Units <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Accessory Building <input type="checkbox"/> Ready to Move <input type="checkbox"/> Service Connection <input type="checkbox"/> Other: _____	Kitchen Sinks: _____ Bathtubs: _____ Basins: _____ Floor Drains: _____ Showers: _____ Grease Traps: _____ Laundry Tubs: _____ Bidets/Water Fountains: _____ Toilets: _____ Urinals: _____ Washing Machine: _____ Other Fixtures: _____ Total: _____

Important Note: The personal information requested on this form is being collected under the authority of Section 4(c) of the Protection of Privacy Act (POPA). The information will be used for the purpose for which it was collected. For further information about the collection and use of this information please contact Lethbridge County by email at atippcoordinator@lethcounty.ca or call 403-328-5525.

Journeyman's Name (print) _____ Journeyman's Signature _____ Homeowner's Signature (homeowner permit only) _____
Journeyman's Certification No.: _____ Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.

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 Invoiced _____ Permit Issue Date (mm/dd/yyyy): _____

Submit your permit application to contact@parkinspections.com
Please contact Park Enterprises Ltd. for inspections & inquiries.
Phone: 1-800-621-5440 Fax: 1-866-406-8484

2018.08.13