



**Lac La Biche County**  
 P.O. Box 1679  
 LAC LA BICHE AB T0A 2C0  
 Phone: (780) 623 1747  
 Fax: (780) 623 2039  
 www.laclabichecounty.com

**The Inspections Group Inc.**  
 12010 – 111 Avenue NW  
 EDMONTON AB T5G 0E6  
 Phone: (780) 454 5048 Toll Free: (866) 554 5048  
 Fax: (780) 454 5222 Toll Free: (866) 454 5222  
 www.inspectionsgroup.com

**PLUMBING PERMIT APPLICATION FORM**

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

**e-SITE #:** \_\_\_\_\_ **Application Date:** DD / MMM / YYYY **Estimated Completion Date:** DD / MMM / YYYY

**Applicant 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 90 days 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 or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations".

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

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

**Project Location in Lac La Biche County:**  
 Street Address: \_\_\_\_\_  
 Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
 Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_  
 Directions: \_\_\_\_\_

TYPE OF OCCUPANCY:	SINGLE FAMILY APPLICATION ONLY: (Number Of Fixtures)	WATER AND OR SEWER SERVICE:	PLUMBING DESCRIPTION OF WORK:
<input type="checkbox"/> Residential	Kitchen Sinks _____	<input type="checkbox"/> Disconnect from Septic Connect to Municipal Sewer	_____
<input type="checkbox"/> Farm/Ranch	Basins _____		_____
<input type="checkbox"/> Commercial	Showers _____	<input type="checkbox"/> Water and/or Sewer Services	_____
<input type="checkbox"/> Industrial	Laundry _____		_____
<input type="checkbox"/> Oilfield/Gas	Toilets _____	<input type="checkbox"/> Mobile Home/Factory Assembled Building Connection	_____
<input type="checkbox"/> Institutional	Washers _____		_____
<input type="checkbox"/> Mobile	Bathtubs _____		_____
<input type="checkbox"/> Manufactured	Floor Drains _____		_____
	Grease Traps _____		_____
	Bidets/Water Fountains _____		_____
	Urinals _____		_____
	Other _____		_____

**Payment Type:**  Cash  Cheque  MC  VISA  Interac  
 Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_  
 Cardholder Name / Signature: \_\_\_\_\_

**Permit Fee: \$** \_\_\_\_\_ **+ SCC Levy: \$** \_\_\_\_\_  
 \*\$4.50 or 4% of the permit fee maximum \$560.00

**Total Cost: \$** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

**TIGI OFFICE USE ONLY**

Issuing Officer's Name: \_\_\_\_\_  
 Designation Number: \_\_\_\_\_  
 Issuing Officer's Signature: \_\_\_\_\_  
 Permit Issue Date: DD / MMM / YYYY