



**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

**SUBMIT APPLICATION TO:**

planning.development@laclabichecounty.com  
 or  
 Fax: (780)623-2039

**The Inspections Group Inc.**

#110, 4910 50 Avenue  
 COLD LAKE AB T9M 0G1  
 Phone: (780) 594 4301 (888) 853 6411  
 Fax: (780) 594 3720 (844) 750 3721  
 www.inspectionsgroup.com

**PLUMBING PERMIT APPLICATION FORM**

eSITE Permit Number: \_\_\_\_\_

Development 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. A permit may expire 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 Lac La Biche County:**

Street Address: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_

Legal Subdivision: Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_

Directions: \_\_\_\_\_

**TYPE OF OCCUPANCY:**

- Residential
- Farm/Ranch
- Commercial
- Industrial
- Oilfield/Gas
- Institutional
- Mobile
- Manufactured

**NUMBER OF FIXTURES:**

- Kitchen Sinks \_\_\_\_\_
- Basins \_\_\_\_\_
- Showers \_\_\_\_\_
- Laundry \_\_\_\_\_
- Toilets \_\_\_\_\_
- Washers \_\_\_\_\_
- Bathtubs \_\_\_\_\_
- Floor Drains \_\_\_\_\_
- Grease Traps \_\_\_\_\_
- Bidets/Water Fountains \_\_\_\_\_
- Urinals \_\_\_\_\_
- Other \_\_\_\_\_

**WATER AND OR SEWER SERVICE:**

- Disconnect from Septic Connect to Municipal Sewer
- Water and/or Sewer Services
- Mobile Home/Factory Assembled Building Connection

**PLUMBING DESCRIPTION OF WORK:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Payment Type:  Cash  Cheque  Credit Card  Interac

Permit Fee: \$ \_\_\_\_\_

+ SCC Levy\*: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

\*\$4.50 or 4% of the permit fee maximum \$560.00

**OFFICE USE ONLY**

Issuing Officer's Name: \_\_\_\_\_

Issuing Officer's Signature: \_\_\_\_\_

Designation Number: \_\_\_\_\_

Permit Issue Date: DD / MMM / YYYY

**REMIT PAYMENT TO LAC LA BICHE COUNTY PLEASE CONTACT THE INSPECTIONS GROUP INC. FOR INSPECTIONS ALLOWING 2 – 5 WORKING DAYS NOTICE & PROVIDE SAFE ACCESS.**

The personal information provided as part of this application is collected under the authority of the Safety Codes Act, the Municipal Government Act, and in accordance with the Protection of Privacy Act (POPA) and the Access to Information Act (ATIA). This information is required and will be used for issuing permits, verifying and monitoring compliance with safety codes, and for property assessment purposes. The name of the permit holder and the nature of the permit may be made available to the public upon request. If you have any questions about the collection or use of your personal information, please contact the Municipality.