

Lac La Biche County

P.O. Box 1679

LAC LA BICHE AB TOA 2C0 Phone: (780) 623 1747 Fax: (780) 623 3510

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 (780) 594 3720 (844) 750 3721 Fax:

www.inspectionsgroup.com

PLUMBING PERMIT APPLICATION FORM

eSITE Permit Number:		Development Number:				
Application Date:DD / MMM / YYYY		Estimated Project Completion Date:DD / MMM / YYYYY				
Applicant Type: H	omeowner	Cost of Installation (Labor & Material):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:					Fax:	
Cell: Email: 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:Po	stal Code:	Phon	e:	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:	NUMBER OF FIXTURES:	WATI	ER AND OR SEWER S	ERVICE:	PLUMBING DESCRIPTION OF WORK:	
Residential	Kitchen Sinks	— 📗 🗅	isconnect from Septic (Connect to		
☐ Farm/Ranch	Basins		unicipal Sewer			
☐ Commercial	Showers	_	unicipai Sewei			
	Laundry Toilets	_				
☐ Industrial	Washers	_	☐ Water and/or Sewer Services			
☐ Oilfield/Gas	Bathtubs					
☐ Institutional	Floor Drains	— 🗆 м	obile Home/Factory As	sembled	 -	
☐ Mobile	Grease Traps	B	uilding Connection			
☐ Manufactured	Bidets/Water Fountains	_				
	Urinals Other	_				
Payment Type:		☐ Interac	1	OFFICE	THEE ONLY	
Payment Type. Ca	sn 🗀 Cheque 🗀 Credit Card	☐ Interac		OFFICE USE ONLY		
Permit Fee: \$			Issuing Officer's I	Issuing Officer's Name:		
+ SCC Levy*: \$			Issuing Officer's	Issuing Officer's Signature:		
Total Cost: \$ Receipt #:			· ·	Designation Number:		
*\$4.50 or 4% of the permi	t fee maximum \$560.00		Permit Issue Date	Permit Issue Date: DD / MMM / YYYY		