



**Lac La Biche County**

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**The Inspections Group Inc.**

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 www.inspectionsgroup.com

**PLUMBING PERMIT APPLICATION FORM**

File Number: \_\_\_\_\_

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

Application Date: DD / MMM / YYYY

e-SITE Number: \_\_\_\_\_

Applicant Type:  Homeowner  Contractor

Cost of Installation (Labour & 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.

**Additional inspections are available for an additional fee**

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:**

Work:  not started  in progress  complete

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

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

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

TYPE OF OCCUPANCY:	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"/> Water and/or Sewer Services	_____
<input type="checkbox"/> Commercial	Showers _____	<input type="checkbox"/> Mobile Home / Factory Assembled Building Connection	_____
<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 _____		_____

Payment Type:  Cash  Cheque  MC  VISA  Interac

**OFFICE USE ONLY**

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

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

Cardholder Name / Signature: \_\_\_\_\_

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

Permit Fee: \$ \_\_\_\_\_ + SCC Levy: \$ \_\_\_\_\_

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

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

Permit Issue Date: DD / MMM / YYYY

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

**PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS**

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