ISLAND LAKE	Summer Village of Island Lake PO Box 8 ALBERTA BEACH AB TOE 0A0 Phone: 780 967 0271 Fax: 780 967 0431 www.islandlake.ca		12010 - EDMON Phone: Fax:	Aspections Group Inc. - 111 Avenue NW NTON AB T5G 0E6 780 454 5048 Toll Free: 1 866 554 5048 780 454 5222 Toll Free: 1 866 454 5222 spectionsgroup.com
	PLUMBING	FERMIT A	PPLICATION FORM	
			Per	mit #:
Application Date:	/ MMM / YYYY		Estimated Project Completion Date: _ DD / MMM / YYYY	
The Permit Holder hereby cer	tifies that this installation will be completed in accordance w) is suspended or abandoned for a period of 120 days. An o		Codes Act. A permit may expire if the under	& Material) \$ ertaking to which it applies: (a) is not commenced within 90 ermit expiry date.
Owner Name:		Maili	ng 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 the	e Summer Village of Island Lake:			
Street Address:	-			
Street Address:				
Subdivision Name:		Lot:	Block:	Plan:
Directions:				
TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:	WATER	AND OR SEWER SERVICE:	PLUMBING DESCRIPTION OF WORK:
Residential	Kitchen Sinks	Disc	onnect from Septic Connect to	
Farm/Ranch	Basins	Mun	icipal Sewer	
Commercial	Showers			
	Toilets			
	Washers	□ Wat	er and/or Sewer Services	
Oilfield/Gas	Bathtubs			
Institutional	Floor Drains	Mob	ile Home / Factory Assembled	
Mobile	Grease Traps	Building Connection		
Manufactured	Bidets/Water Fountains	Duild	ang Connection	
	Urinals			
	Other			
I the permit applicant understand and acknowledge the selected inspection stages will take place at my request. Any additional inspections requested will be charged at a rate of \$100 per inspection ROUGH IN or FINAL I have place at my request. Any additional inspections requested will be charged at a rate of \$100 per inspection Accept Other: I becline Decline Decline *Homeowner applicant Signature) *Residential Contractors may select only 1 inspection *Additional selected inspections will be charged at \$100/ Inspection (plus Levy)				
Payment Type:	Cash 🔲 Cheque 🔲 C/C Agreement	Interac		GI OFFICE USE ONLY
			Issuing Officer's Name:	
		Issuing Officer's Signature:		
+ SCC Levy*: \$			Designation Number:	
Total Cost: \$	Receipt #:		Designation Number. Permit Issue Date:	
*\$4.50 or 4% of the permit fee maximum \$560.00 REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC.				

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC. 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.