

Summer Village of Island Lake

PO Box 8 ALBERTA BEACH AB TOE 0A0

Phone: 780 967 0271 780 967 0431 Fax: www.islandlake.ca

The Inspections Group Inc.

12010 - 111 Avenue NW EDMONTON AB T5G 0E6

Phone: 780 454 5048 Toll Free: 1 866 554 5048 780 454 5222 Toll Free: 1 866 454 5222

www.inspectionsgroup.com

PLUMBING PERMIT APPLICATION FORM

		Permit #:		
Application Date:DD	/ MMM / YYYY		Estimated Project Co	empletion Date: DD / MMM / YYYY
Applicant Type: Hom	neowner Contractor		Cost of Installation (Labo	our & Material) \$
	ies that this installation will be completed in accord s suspended or abandoned for a period of 120 day			undertaking to which it applies: (a) is not commenced within 90 o permit expiry date.
City:				Fax:
Owner's Signature / Dec	claration (Single Family Residential Only	Cell:	Email: _	
"I hereby declare I am the			side or will reside on the property.	I am doing the work myself, and assume responsibility
ioi compilance with the a	opilicable fict and regulations.			
Company Name:		Maili	ng Address:	
City:	Prov:F	ostal Code:	Phone:	Fax:
Cell:	Email:			
Installer's Number	Print Installer's Name		I	nstaller's Signature
Project Location in the	Summer Village of Island Lake:			
Street Address:				
Legal Subdivision: Part of	f: Section:	Township	o: Range: _	West of:
Subdivision Name:		Lot:	Block:	Plan:
Directions:				
TYPE OF	NUMBER OF FIXTURES:	WATER	AND OR SEWER SERVICE:	PLUMBING DESCRIPTION OF WORK:
OCCUPANCY:	Kitchen Sinks			
☐ Residential	Basins	— ☐ Disc	onnect from Septic Connect to	
☐ Farm/Ranch	Showers	Mun	icipal Sewer	
☐ Commercial	Laundry			
☐ Industrial	Toilets		er and/or Sewer Services	
☐ Oilfield/Gas	Washers			
☐ Institutional	Bathtubs Floor Drains			
☐ Mobile	Grease Traps	—	ile Home / Factory Assembled	
☐ Manufactured	Bidets/Water Fountains	Build	ling 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 (plus Levy). Accept				pection
Payment Type:	ash			TIGI OFFICE USE ONLY
Permit Fee: \$			Issuing Officer's Name:	
+ SCC Levy*: \$			Issuing Officer's Signature:	
Total Cost: \$ Receipt #:			Designation Number:	
*\$4.50 or 4% of the permit fee maximum \$560.00			Permit Issue Date: / _MMM / YYYY	