

Summer Village of Island Lake

PO Box 8 ALBERTA BEACH AB TOE 0A0

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

The Inspections Group Inc.

12010 – 111 Avenue NW EDMONTON AB T5G 0E6

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PLUMBING PERMIT APPLICATION FORM

			Permit #:	
Application Date:DD	MMM / YYYY		Estimated Project Co	ompletion Date:DD / MMM / YYYY
Applicant Type: Hom	eowner Contractor		Cost of Installation (Labo	our & 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:		Mailin	g Address:	
City:	Prov:	_ Postal Code:	Phone:	Fax:
Cell:Email:				
Company Name:		Mailin	g Address:	
City:	Prov:	Postal Code:	Phone:	Fax:
Cell:	Email:			
Installer's Number	Print Installer's Name Installer's Signature			
Project Location in the Summer Village of Island Lake:				
Street Address:				
Legal Subdivision: Part of	: Section:	Township:	Range: _	West of:
Subdivision Name:		Lot:	Block:	Plan:
Directions:				
TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:	WATER A	AND OR SEWER SERVICE:	PLUMBING DESCRIPTION OF WORK:
Residential	Kitchen Sinks	П Disco	nnect from Septic Connect to	
	Basins		·	
☐ Farm/Ranch	Showers	Munic	cipal Sewer	
☐ Commercial	Laundry Toilets			
☐ Industrial	Washers	—— Wate	r and/or Sewer Services	
☐ Oilfield/Gas	Bathtubs			
☐ Institutional	Floor Drains	☐ Mobile	e Home / Factory Assembled	
☐ Mobile	Grease Traps	Buildi	ng Connection	
☐ Manufactured	Bidets/Water Fountains			
	Urinals	Seasonal P	roperty? Yes No	
	Other (Describe in a	description of work)		
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				
Payment Type: ☐ Cash ☐ Cheque ☐ C/C Agreement ☐ Interac				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				/ MMM / YYYY