

PLUMBING PERMIT APPLICATION

APPLICANT	Plumber Name		Company Name	
	Address		City	Province
	Phone Number (incl. Area Code)		Fax Number (incl. Area Code)	Email Address (MANDATORY)

OWNER	Contact Name		Company Name (if applicable)	
	Address		City	Province
	Phone Number (incl. Area Code)		Fax Number (incl. Area Code)	Email Address (MANDATORY)

PROJECT AND APPLICATION INFORMATION	Building Address (Inc. Unit No.)		Payment and Permit Information														
	Type of Project (please check applicable choice for this project)		Indicate preferred method of permit delivery (check below):	Indicate payment method for permit: (full payment must be included unless on account):													
	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial Note: Residential projects include One and Two-Unit Dwellings. Commercial projects include all Multiple-Unit Dwellings.		Email Fax	Cheque Visa/MC/Amex Account (see below)													
	Type Of Construction		Account No. (required if paid on account):														
	<input type="checkbox"/> New <input type="checkbox"/> Alteration/Addition <input type="checkbox"/> Inspection Only <input type="checkbox"/> Set Fixtures Only		Fixture Details (please indicate numbers of fixtures below) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Basins</td> <td style="width: 50%;">_____ Urinals</td> </tr> <tr> <td>_____ Water Closets</td> <td>_____ Drinking Fountains</td> </tr> <tr> <td>_____ Baths</td> <td>_____ Mop Sinks</td> </tr> <tr> <td>_____ Showers</td> <td>_____ Grease Interceptors</td> </tr> <tr> <td>_____ Sinks</td> <td>_____ Grit Interceptors</td> </tr> <tr> <td>_____ Automatic Washers</td> <td>_____ Roof Drains</td> </tr> <tr> <td>_____ Floor Drains</td> <td>_____ Other (describe below):</td> </tr> </table>		_____ Basins	_____ Urinals	_____ Water Closets	_____ Drinking Fountains	_____ Baths	_____ Mop Sinks	_____ Showers	_____ Grease Interceptors	_____ Sinks	_____ Grit Interceptors	_____ Automatic Washers	_____ Roof Drains	_____ Floor Drains
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_____ Floor Drains	_____ Other (describe below):																
Additional Information (please provide below if required)																	
Purpose Of Building (please check applicable boxes below)		OFFICE USE ONLY															
<input type="checkbox"/> One-Unit Dwelling <input type="checkbox"/> Warehouse/Manufacturing <input type="checkbox"/> Two-Unit Dwelling <input type="checkbox"/> Office <input type="checkbox"/> MUD – Town House Style <input type="checkbox"/> Strip Mall/Shopping Centre <input type="checkbox"/> MUD – Apartment Style <input type="checkbox"/> Restaurant <input type="checkbox"/> Laboratory/Research <input type="checkbox"/> Other (_____)		PPA Number _____ Method of Payment _____ Receipt Number _____ Applicant Cheque # _____ Amount Paid _____															

PLEASE NOTE:

- Plumbing Permit Applications must be APPROVED and permit issued before work commences.
- All work must conform to the Saskatchewan Plumbing Regulations and any applicable City of Saskatoon Bylaws.
- All work must be left uncovered until inspected.
- Requests for inspections must be made at least 24 hours in advance, and confirmed on the morning of the scheduled inspection date.
- The plumber is required to be on site for inspections.

I certify that I have read and agree to abide by the conditions, and that all information contained within this application is correct.

Applicant Signature _____ Date

Application Received By _____ Date