



THIS IS NOT A PERMIT



File Number: _____

Date Received: _____

100 51 Ave | Box 456, Coalhurst TOL OVO
Phone: 403-381-3033 | Fax: 403-381-2924 | www.coalhurst.ca

PLUMBING PERMIT APPLICATION FORM

Development Permit No.: _____ Estimated Project Completion Date (mm/dd/yyyy): _____

Permit Applicant: Owner Contractor Work has not started Work is in progress Work is complete

Owner / Applicant: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Cell: _____ Email: _____ Fax: _____

Contractor: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Contractor Name: _____ Cell: _____ Email: _____ Fax: _____

Project Location: Municipality: Town of Coalhurst Subdivision Name: _____ Tax Roll No.: _____

Street/Rural Address: _____ Postal Code: _____

Lot _____ Block: _____ Plan: _____ Legal Subdivision: _____ Section: _____ Township: _____ Range: _____ West of: _____

Directions: _____

Please Provide a Detailed Description of Work:

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES
<input type="checkbox"/> Single Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Skid Units <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Accessory Building <input type="checkbox"/> Ready to Move <input type="checkbox"/> Service Connection <input type="checkbox"/> Other: _____	Kitchen Sinks: _____ Bathtubs: _____ Basins: _____ Floor Drains: _____ Showers: _____ Grease Traps: _____ Laundry Tubs: _____ Bidets/Water Fountains: _____ Toilets: _____ Urinals: _____ Washing Machine: _____ Other Fixtures: _____ Total: _____

FOIPP Notification: The personal information required by the Town of Coalhurst application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Town of Coalhurst at 403-381-3033 or 100 51 Ave | Box 456, Coalhurst TOL OVO.

Journeyman's Name (print) _____

Journeyman's Signature _____

Homeowner's Signature (homeowner permit only) _____

Journeyman's Certification No.: _____

Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.

Office Use Only

Permit Fee: \$ _____ SCC Levy: _____ Issuing Officer's Name: _____

Total Cost: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) Issuing Officer's Signature: _____

Receipt No.: _____ Designation No.: _____

Cash Debit Cheque Invoiced _____ Permit Issue Date (mm/dd/yyyy): _____

**Contact Park Enterprises Ltd. for inspections & inquiries.
Phone: 1-800-621-5440 Fax: 1-866-406-8484**