

THIS IS NOT A PERMIT



Date Received: _

File Number: _

100 51 Ave | Box 456, Coalhurst TOL 0V0

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 C	mit Applicant: Owner Contractor				is in progress D Work is complete	
Owner / Applicant:			_ Mailing Ad	ldress:		
City:		Province:	Postal Co	de:	Phone:	
Cell:	Email:				Fax:	
Contractor:			Mailing Ad	ldress:		
City:		Province:				
Contractor Name:	Cell:		Email:		Fax:	
Project Location: Municipality:	Town of Coalhurst	Subdivis	ion Name:		Tax Roll No.:	
Street/Rural Address:					Postal C	ode:
Lot: Block: Directions:		_Legal Subdivisi	on:	Section:	Township:Range:	West of:
Please Provide a Detailed Des	scription of Work:					
TYPE OF OCCUPANCY	TYPE OF WOR	K		NUMBE	R OF FIXTURES	
Single Residential Multi-family Farm/Ranch Manufactured/Mobile Home Oil and Gas Skid Units Other: Other: Strictured/Mobile Part 2 of that Act a name of the permit holder and nature of the permit collection to the Town of Coalhurst at 403-381-3033	nd section 63 of the Safety Codes Act. It may be included on reports provided to the	on forms is collected will be used for proce he municipality or ma	essing permit app	:	Total: Alberta Freedom of Information a safety codes compliance monitor	nd Protection of Privacy
Journeyman's Name (print)	Journeyman's Signa	ature			wner 's Signature (homeowner pe wner Declaration: By signing t	• ·

Journeyman's Certification No.:			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)):