

Plumbing Permit Application Form



Box 67, Nobleford, AB, T0L 1S0
 Municipal Office, 906 Hwy Avenue
 Phone: 403-824-3555
 Fax: 403-824-3553
 Email: admin@village.nobleford.ab.ca
 Tues – Fri: 9am-12pm, 1pm-4pm

OUR FILE NUMBER:

DATE DOCUMENTS RECEIVED:

Owner Information

Name:

Mailing Address:

City:

Province:

Postal Code:

Phone #:

Fax #:

Cell #:

Signature:

Project Information

Building Use:

Description of Work:

Total # of Fixtures:

Bathtubs:	<input type="text"/>	Automatic Washers:	<input type="text"/>
Grease Traps:	<input type="text"/>	Bathroom Sinks:	<input type="text"/>
Lift Stations:	<input type="text"/>	Laundry Tubs:	<input type="text"/>
Floor Drains:	<input type="text"/>	Rain Water Leaders:	<input type="text"/>
Weeping Tile:	<input type="text"/>	Kitchen Sinks:	<input type="text"/>
Showers:	<input type="text"/>	Urinals:	<input type="text"/>
Toilets:	<input type="text"/>	Others:	<input type="text"/>

Contractor Information (if applicable)

Name:

Mailing Address:

City:

Province:

Postal Code:

Phone #:

Fax #:

Cell #:

Signature:

Journeyman #:

Class:

Permit Validation: (Office Use Only)

Issuing Officer:

Designation #:

Issuing Officer's Signature:

Issuing Date:

Project Location

Municipality:

Street Address:

Subdivision:

Directions:

Lot: Block: Plan:

Part: Section: Twp.: Range: W of:

Expected Date of inspection:

Fees (Office Use Only)

Permit:

SCC:

Travel:

GST:

TOTAL:

Payment

Cheque #

Cash

MC

Visa

Debit

Card Number:

Expiration Date:

Cardholder's Signature: