



Red Deer County Centre
 38106 Range Road 275
 Red Deer County, AB T4S 2L9
 P: 403.350.2170; F: 403.346.9840
 Website: www.rdcountry.ca
 Email: inspections@rdcounty.ca

Permit label

PLUMBING PERMIT APPLICATION FORM

Permit Applicant: Owner Contractor Application Date (mmm/dd/yyyy): _____
 Other Permits Required (under separate application): Building Electrical Gas PSDS Estimated Project Completion Date (mmm/dd/yyyy): _____
 Development Permit No.: _____ New Home Warranty No.(if applicable): _____

Owner Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Plumbing Contractor Name: _____ Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: _____
 Cell: _____ Email: _____ Fax: _____

Hamlet/Subdivision Name: _____ Tax Roll No.: _____
 Street/Rural Address: _____ Unit: _____ Lot: _____ Block: _____ Plan: _____
 Legal Subdivision: Part of: _____ Section: _____ Township: _____ Range: _____ West of: _____ M
 Directions: _____

Description of Work: _____
 Work has not started Work is in progress Work is complete

TYPE OF PROJECT	TYPE OF WORK	NUMBER OF FIXTURES
<input type="checkbox"/> Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation <input type="checkbox"/> Accessory Building <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Basement Development <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> RTM <input type="checkbox"/> Other: _____	Kitchen Sinks: _____ Washing Machines: _____ Basins: _____ Laundry Tubs: _____ Showers: _____ Floor Drains: _____ Bathtubs: _____ Grease Traps: _____ Toilets: _____ Bidets/Water Fountains: _____ Urinals: _____ Other Fixtures: _____ Total Fixtures: Total Footprint: _____ <input type="checkbox"/> sq ft <input type="checkbox"/> sq. m.

BACKFLOW DEVICE INFORMATION [multi-residential (1.5" meter or larger), commercial, industrial]

Sprinkler System Irrigation System Domestic Water Line Boiler Feed Line

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act, Red Deer County is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. **F.O.I.P. Notification:** Personal information 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. Questions regarding the collection of personal information can be directed to the FOIP Coordinator 403.350.2150.

Journeyman's Name (print) _____ Journeyman's Signature _____ Homeowner's Signature (homeowner permit only) **Homeowner Declaration: By signing this I hereby certify that I own/will own and occupy this dwelling.**
 Journeyman's Certification No.: _____

Permit Fee: \$ _____ Building Permit No.: _____ File No.: _____ Receipt No.: _____ Region: _____
 *SCC Levy: \$ _____ Cash Debit Credit Card Cheque No.: _____ Invoice No.: IVC
 Total Fee: \$ _____ Credit Card No.: _____ Exp. Date: _____
 *SCC levy 4% of the permit fee with minimum of \$4.50 and a maximum of \$560.00 Name on Credit Card: _____ Signature on Card: _____

OFFICE USE ONLY

Permit Validation Section to be completed by the Permit Issuer:

Special Conditions: **Site inspection(s) are required to ensure compliance with the Safety Codes Act of Alberta.**

Permit Issuer's Name: _____ Permit Issuer's Signature: _____
 Designation No.: _____ Permit Issue Date (mmm/dd/yyyy): _____

For inspections, please contact IJD Inspections Ltd. 403-346-6533 or <http://www.ijd.ca/request-an-inspection>.