

5432-56 Avenue
 Lacombe, AB T4L 1E9
 Ph: 403.782.6666
 Fax: 403.782.5655
 permits@lacombe.ca



Plumbing Permit

Permit Number

Permit Type: Homeowner Contractor

Development Permit Number: _____

Application Date (M/D/Y): _____

Estimated Completion Date (M/D/Y): _____

Owner: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Fax: _____ Email Address: _____

Contractor: _____ Mailing Address: _____
 City: _____ Prov.: _____ Postal Code: _____ Phone: _____
 Cell Number: _____ Fax: _____ Email Address: _____

Municipal Address: _____ Subdivision Name: _____
 Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____
 Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____
 Directions: _____

Type of Building:	Type of Work:	Project Information:	Description of Work:
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Oil & Gas	<input type="checkbox"/> New <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Accessory Building <input type="checkbox"/> RTM (Ready to Move) <input type="checkbox"/> Basement Development <input type="checkbox"/> Connection Only <input type="checkbox"/> Other _____	_____ # Kitchen Sinks _____ # Wash Basins _____ # Showers; _____ # Laundry Sink _____ # Toilets; _____ # Washing Machine _____ # Bathtubs; _____ # Floor Drains _____ # Sumps; _____ # Bar Sinks _____ # Urinals; _____ # of Drops (Mobile Home) _____ # Water/Sewer Connection _____ Total # of Fixtures	_____ _____ _____ _____ _____ _____ _____

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 and expires after one year without an extension request. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. 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. The personal information provided on this form is protected by the Freedom of Information of Privacy Act.

Journeyman's Name (Please print) _____ Journeyman's Signature _____ Homeowner's Signature (Homeowner permits only) _____
 Journeyman's Certification Number _____ *See attached homeowner's affidavit.*

Permit Fee: \$ _____ *SCC Levy: \$ _____ TOTAL FEE: \$ _____
 Payment Method: Credit Card On File Remote Transaction Debit Cheque Cash
 *SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

Permit Validation Section to be completed by the Permit Issuer:
 Special Conditions: **CALL IJD FOR INSPECTIONS**

 Permit Issuer's Name (print or type) _____ Permit Issuer's Signature _____
 Permit Issuer's Designation Number: _____ Date of Issue (M/D/Y): _____



INSPECTION REQUESTS please contact IJD INSPECTIONS LTD at:
 P. 403-346-6533 or 1-877-617-8776 or online at www.ijd.ca
 Allow 48 hours notice for inspection.

The personal information that you provide to the City of Lacombe is collected under the authority of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act – Section 33(c). The information will be used to process permit applications, administer and manage permits issued by the City of Lacombe. Collected personal information is protected from unauthorized access, collection, use, and disclosure in accordance with the FOIP Act, and can be reviewed and corrected upon request. Questions regarding the collection of personal information can be directed to: FOIP Coordinator, City of Lacombe, 5432-56 Ave, Lacombe, AB T4L 1E9, 403-782-6666 or 403-782-1281, foip@lacombe.ca.