



**Town of St. Paul**  
 Box 1480  
 St. Paul, AB T0A 3A0  
 Phone: 780-645-4481  
 Fax: 780-645-5076  
 www.town.stpaul.ab.ca

**PLUMBING PERMIT APPLICATION FORM**

**Application Date:** DD / MMM / YYYY

**Estimated Project Completion Date:** DD / MMM / YYYY

**Applicant Type:**  Homeowner  Contractor

**Cost of Installation (Labor & Material):** \_\_\_\_\_

The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act. Section 25(1) of the Permit Regulation states: "A permit expires if the undertaking to which it applies: (a) is not commenced within 90 days of issue of the permit, (b) is suspended or abandoned for a period of 120 days." An extension can be considered when applied for in writing prior to permit expiry date.

**Owner Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner's Signature / Declaration (Single Family Residential Only)**

"I hereby declare I am the owner of the premises in which the work will be conducted, and reside or will reside on the property. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations".

**Company Name:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Installer's Number \_\_\_\_\_ Print Installer's Name \_\_\_\_\_ Installer's Signature \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Legal Subdivision:** Part of: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ W4M

**Subdivision Name:** \_\_\_\_\_ **Lot:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Plan:** \_\_\_\_\_

TYPE OF OCCUPANCY:	NUMBER OF FIXTURES:	WATER AND OR SEWER SERVICE:	DESCRIPTION OF WORK:
<input type="checkbox"/> Residential	Kitchen Sinks _____	<input type="checkbox"/> Disconnect from Septic Connect to Municipal Sewer	_____
<input type="checkbox"/> Commercial	Basins _____	<input type="checkbox"/> Water and/or Sewer Services	_____
<input type="checkbox"/> Industrial	Showers _____	<input type="checkbox"/> Mobile Home/Factory Assembled Building Connection	_____
<input type="checkbox"/> Oilfield/Gas	Laundry _____		_____
<input type="checkbox"/> Institutional	Toilets _____		_____
<input type="checkbox"/> Mobile	Washers _____		_____
<input type="checkbox"/> Manufactured	Bathtubs _____		_____
	Floor Drains _____		_____
	Grease Traps _____		_____
	Bidets/Water Fountains _____		_____
	Urinals _____		_____
	Other _____		_____

**Payment Type:**  Cash  Cheque  Debit

**Permit Fee: \$** \_\_\_\_\_

**+ SCC Levy\*: \$** \_\_\_\_\_

**Total Cost: \$** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

**OFFICE USE ONLY**

Issuing Officer's Name: \_\_\_\_\_

Issuing Officer's Signature: \_\_\_\_\_

Designation Number: \_\_\_\_\_

Permit Issue Date: DD / MMM / YYYY

\*\$4.50 or 4% of the permit fee maximum \$560.00

**REMIT PAYMENT AND APPLICATION TO THE TOWN OF ST. PAUL**

**PLEASE CONTACT SUPERIOR SAFETY CODES AT 1-780-489-4777 EXT. 223 FOR INSPECTIONS ALLOWING TWO WORKING DAYS NOTICE.**

The personal information provided as part of this application is collected under Sec. 43 of the Safety Codes Act and Sections 303 and 295 of the Municipal Government Act and in accordance with Section 32.c of the Freedom of Information and Protection of Privacy Act.