Summer Village of Lakeview Site 1 Box 157 RR 1 Onoway, AB TOE 1V0 Phone: (780) 914-0997 Fax: (587) 314-0606 www.lakeview.ca

AEVI

The Inspections Group Inc.

12010 - 111 Avenue NW EDMONTON AB T5G 0E6 Phone: (780) 454 5048 Toll Free: (866) 554 5048 Fax: (780) 454 5222 Toll Free: (866) 454 5222 www.inspectionsgroup.com

PLUMBING PERMIT APPLICATION FORM					
		Permit #:			
Application Date: <u>DD / MMM / YYYY</u>			Estimated Project Completion Date: DD / MMM / YYYY		
Applicant Type: Homeowner Contractor The Permit Holder hereby certifies that this installation will be completed in accordance with the A			Cost of Installation (Labour & Material) \$		
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:		M	ailing Address:		
City:	Prov:Po	ostal 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:		M	ailing Address:		
City:	Prov:P	ostal Code:	Phone:	Fax:	
Cell:	_Email:				
Installer's Number Print Installer's Name Installer's Signature				Signature	
Project Location in the Summer Village of Lakeview:					
Street Address:					
Legal Subdivision: Part o	f: Section:	Towns	ship: Range:	West of:	
Subdivision Name: Plan:					
Directions:					
TYPE OF	NUMBER OF FIXTURES:	WAT	ER AND OR SEWER SERVICE:	PLUMBING DESCRIPTION OF WORK:	
OCCUPANCY:	Kitchen Sinks		isconnect from Septic Connect to		
	Basins	_			
Farm/Ranch	Showers	M	lunicipal Sewer		
Commercial	Laundry	-			
Industrial	Toilets Washers	— 🗆 🗤	/ater and/or Sewer Services		
Oilfield/Gas	Bathtubs	-			
Institutional	Floor Drains		lobile Home / Factory Assembled		
Mobile	Grease Traps		2		
Manufactured	Bidets/Water Fountains	Building Connection			
	Urinals	-			
I the normit explicent	Other		EINIAL		
I the permit applicant understand and acknowledge the selected ROUGH IN or FINAL inspection stages will take place at my request. Any additional Accept Cother:					
inspections requested will be charged at a rate of \$85 per inspection (plus Levy).					
(Applicant Signature) *Residential Contractors may select only 1 inspection *Additional selected inspections will be charged at \$85/ Inspection (plus Levy)					
Payment Type: Cash Cheque C/C Agreement Interac TIGI OFFICE USE ONLY					
Permit Fee: \$			Issuing Officer's Name:		
+ SCC Levy*: \$			Issuing Officer's Signature:		
Total Cost: \$ Receipt #:			Designation Number:		
*\$4.50 or 4% of the permit fee maximum \$560.00			Permit Issue Date:DD_/	MMM / YYYY	

REMIT PAYMENT AND APPLICATION TO THE INSPECTIONS GROUP INC. PLEASE CONTACT THE INSPECTIONS GROUP INC. PRIOR TO COVER OR CONCEALMENT FOR INSPECTIONS ALLOWING 2 - 5 WORKING DAYS NOTICE AND PROVIDE SAFE ACCESS. The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act. The information is required and will be used for issuing permits, safety codes compliance verification and monitoring, and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the Municipality.