

Bag 1010 Bonnyville, AB T9N 2J7  
P: 780-826-3171 F: 780-826-4524

M.D. OF BONNYVILLE NO. 87

PLUMBING LABEL

## Plumbing Permit

**Please call the MD office prior to concealment to book an inspection.  
Minimum 48 hours notice is required.**

Plumbing Permit #: \_\_\_\_\_ Roll #: \_\_\_\_\_ Application Date: \_\_\_\_\_

Development Permit #: \_\_\_\_\_ Permit Issue Date: \_\_\_\_\_

Permit Type:  Residential Property Owner  Certified Contractor

Does this installation require building and development permits: Yes  No

Legal Location: PLAN \_\_\_\_\_ BLK \_\_\_\_\_ LOT \_\_\_\_\_ PART \_\_\_\_\_ 1/4 SEC \_\_\_\_\_ TWP \_\_\_\_\_ RG \_\_\_\_\_ W4M

Rural Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

DESCRIPTION OF INSTALLATION: \_\_\_\_\_

### PLUMBING INSTALLATION (Please indicate how many of each are being installed)

Toilets  Bath Sinks  Bath Tubs  Showers  Laundry

Kitchen Sinks  Floor Drains  Other Fixtures  Water/Sewer Connection

TOTAL No. of OUTLETS  \_\_\_\_\_

Are you connecting to an **EXISTING** Private Sewage System: YES  NO

If you have checked NO above, please ensure you get an **approved** permit for the Private Sewage Installation if a system is required.  
If you hire a certified Private Sewage Installer for your installation, please make sure they get their permit.

**The Permit Holder hereby certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and shall be commenced within 90 days. The permit may expire in one year. Owner's signature/declaration (homeowner permits only) "I hereby declare I am the owner of the premises in which the work will be conducted and reside on the property. I am doing the work myself and assume responsibility for compliance with the applicable Act and Regulations.**

Total Permit Fee: \_\_\_\_\_ Job Value: \_\_\_\_\_

Payment:  Cheque  Cash  Interac  
 MasterCard  Visa  Invoice Account

Permit Issuer Name: \_\_\_\_\_

Designation #: \_\_\_\_\_

Permit Issuer Signature: \_\_\_\_\_

Agency: \_\_\_\_\_ Admin: \_\_\_\_\_  
(6112) (6114)

Safety Code: \_\_\_\_\_ R#: \_\_\_\_\_  
(6113)

#### OFFICE USE ONLY

Permit Holder Signature: \_\_\_\_\_

Permit Holder Name: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**The personal information provided on this form is protected by the Freedom of Information and Protection of Privacy Act.  
Information on this form may be used by the Authority having Jurisdiction.**