Town of Ponoka
200, 5604-50 Street
Ponoka, AB T4J 1G5

Phone: (403) 783-4431
Fax: (403) 783-6745

Plumbing Permit Application

Permit Label

eSITE Permit Number: 254254-_____

Other Permits Required: ☐ ***Building*** ☐ ***Electrical*** ☐ ***Gas*** ☐ ***PSDS***

Permit Type: ☐ Owner ☐ Contractor **Development Permit Number:** _____

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

Owner Name: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____

Alt Phone: _____ Email Address: _____ Fax: _____

Contractor: _____ Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____ Phone: _____

Alt Phone: _____ Email Address: _____ Fax: _____

Project Location: **TOWN OF PONOKA** Street Address: _____

Unit #: _____ Lot: _____ Block: _____ Plan: _____ Subdivision Name _____

Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rg: _____ W of: _____ Tax Roll #: _____

Directions: _____

Project Information: ☐ Commercial ☐ Residential ☐ Multi Family ☐ Industrial ☐ Institutional ☐ Oil & Gas

Type of Work: ☐ New ☐ Renovation ☐ Addition ☐ Accessory Building ☐ RTM (Ready to Move) ☐ Basement Dev. ☐ Other

Description of Work:_____

Plumbing (Insert number of each item): **Total Developed Area**_____

# Kitchen Sinks: _____	# Laves/Wash Basins: _____	# Showers: _____	# Laundry Tubs: _____
# Toilets: _____	# Washing Machine: _____	# Bathtubs: _____	# Floor Drains: _____
# Sumps: _____	# Bar Sink: _____	# Urinals: _____	# Other Fixtures: _____
# of Drops (Mobile): _____	# Water/Sewer Connection: _____		**Total # of Fixtures:** 0

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; 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 and Protection of Privacy Act.

_____ _____ _____
Journeyman's Name (Please print) Journeyman's Signature Homeowner's Signature (Homeowner permits only)

Journeyman's Certification Number _____

Permit Fee: $_____ ***SCC Levy: $**_____ **TOTAL FEE: $**_____

***SCC Levy is 4% with a minimum of $4.50 and a maximum of $560**

Payment Method: ☐ Visa ☐ M/C ☐ Debit ☐ Cheque ☐ Cash Authorization / Cheque Number _____

Credit Card #: _____ CVV # _____ Expiry Date: _____ Date of Authorization: _____

Name of Cardholder: _____ Signature of Cardholder: _____

Permit Validation Section *to be completed by Permit Issuer*:

Special Conditions: _____

_____ _____
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 Superior Safety Codes at: Ph. 403-358-5545 or 1-888-358-5545 Fax 403-358-5085 or 1-866-358-5085
Allow 48 hours notice for inspection