



PO Box 750 Calmar, AB T0C 0V0
www.calmar.ca
T 780.985.3604 F 780.985.3039

PLUMBING PERMIT APPLICATION

Permit Type: ☐ Owner ☐ Contractor

Application Date (M/D/Y): _____

eSITE Permit #: _____

Development Permit #: _____

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

Owner Name: _____

Mailing Address: _____

City: _____ Prov: _____

Postal Code: _____ Phone: _____

Cell Phone: _____ Fax: _____

Email Address: _____

SIGNATURE: _____

Homeowner/Owner Permits (Residential Only)

Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.

Contractor Name: _____

Mailing Address: _____

City: _____ Prov: _____

Postal Code: _____ Phone: _____

Cell Phone: _____ Fax: _____

Email Address: _____

Plumber Name: _____

Journeyman Plumber Certification Number: _____

SIGNATURE: _____

Permit Applicant Declaration: The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations. 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 Town of Calmar at 780.985.3604.

PROJECT LOCATION: TOWN OF CALMAR

Street Address: _____ Subdivision Name: _____

Unit or Suite #: _____ Lot: _____ Block: _____ Plan: _____ Tax Roll #: _____

Legal Subdivision: Part of: _____ ¼ Sect: _____ Twp: _____ Rge: _____ W of: _____

PROJECT INFORMATION: ☐ Commercial ☐ Residential ☐ Multi Family ☐ Industrial ☐ Institutional ☐ Oil & Gas

TYPE OF WORK: ☐ New ☐ Renovation ☐ Addition ☐ Accessory Building ☐ Basement Development ☐ Manufactured Home ☐ RTM

Detailed Description of Work:

Number of Plumbing Fixtures:

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:** _____

PERMIT FEES & PAYMENT INFORMATION

Inspecting SCO: _____

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

*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

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

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

Name of Cardholder: _____ Signature of Cardholder: _____

INSPECTION REQUESTS: please contact Superior Safety Codes by phone at 780.489.4777; email at info@superiorsafetycodes.com; or online at <https://secure.superiorsafetycodes.com/requests>