

Box 177 Glendon, AB T0A 1P0
P: 780-635-3807 F: 780-635-2100
Please call Village Office to book
inspection. A minimum of 48
hours notice is required

VILLAGE OF GLENDON Plumbing Permit

PLUMBING
LABEL

Plumbing Permit #: _____ Roll #: _____ Date of Issue: _____

Permit Type: Residential Property Owner Certified Contractor Development Permit #: _____

LAND LOCATION: PLAN _____ BLK _____ LOT _____ PART _____ 1/4 SEC _____ TWP _____ RG _____ W4M

Rural Address: _____

Owner Name: _____

Mailing Address: _____

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 will 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. For inspections, 48 hours notice is required.

Job Value: _____

Permit Fee: _____

Admin Fee: _____

SCC Fee: _____

Total Permit Fee: _____

Payment: Cheque Cash Interac

Designated SCO Name: _____

Designation #: _____

SCO Signature: _____

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.