



Davis Inspection Services Ltd

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Plumbing Permit Application

Permit Applicant: Owner Contractor

Application Date (mm/dd/yyyy): _____

Estimated Start Date (mm/dd/yyyy): _____

Development Permit No. (if applicable): _____

Estimated Completion Date (mm/dd/yyyy): _____

Building Permit No. (if applicable): _____

Value of Work (labour & materials): _____

Owner Name (printed): _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

*Email: _____ Owners Phone #: _____ Fax #: _____

Contracting Company Name (printed): _____ Contact Name (printed): _____

Mailing Address: _____ City/Town/Village: _____ Province: _____ Postal Code: _____

*Email: _____ Owners Phone #: _____ Fax #: _____

Project Location

Municipality: _____ Subdivision/ Hamlet Name: _____ Tax Roll No.: _____

Street/ Rural Address: _____ Unit: _____

* Legal land description is required

Lot: _____ Block: _____ Plan: _____ LSD: _____ Quarter: _____ Section: _____ Township: _____ Range: _____ West of: _____

Directions: _____

Description of Work (please provide a complete and detailed description of the work to be completed including all applicable drawings/ documents):

Work has not started Work is in progress Work is complete

WORK SHOULD NOT COMMENCE BEFORE PERMIT IS ISSUED / WORK MUST BE INSPECTED BEFORE COVERING

Table with 3 columns: TYPE OF OCCUPANCY, TYPE OF WORK, and NUMBER OF FIXTURES. Includes checkboxes for residential, commercial, industrial, etc., and lists fixtures like Kitchen Sink, Wash Basin, Shower, etc.

FOIP Notification: Personal information collected on this form is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act.

Certified Installer's Name (please print)

Certification No.

Certified Installer's Signature

Homeowner's Signature (homeowner permit only) Homeowner Declaration: 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.

OFFICE USE ONLY

Other Permits Required Building Electrical Gas Private Sewage

Not Applicable

Permit Fee: \$ _____

GST: \$ _____

Travel Fee: \$ _____

Total Cost: \$ _____

Receipt No.: _____

Invoiced Cash Cheque Debit

Credit Card Visa MC (attach signed credit card authorization form)

SCO/Permit Issuers Name: _____

SCO/Permit Issuers Signature: _____

Designation No.: _____

Permit Issue Date: _____

(mmm/dd/yyyy)