



502 Center Street | Box 100, Bow Island T0K 0G0  
 Phone: 403-545-2522 | Fax: 403-545-6642 | www.bowisland.com



**PARK ENTERPRISES LTD.**  
 "Inspections by People Who Care!"

File Number: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Tax Roll No.: \_\_\_\_\_

**PLUMBING PERMIT APPLICATION FORM**

Development Permit No.: \_\_\_\_\_ Estimated Project Completion Date (mmm/dd/yyyy): \_\_\_\_\_  
 Permit Applicant:  Owner  Contractor  Work has not started  Work is in progress  Work is complete

Owner / Applicant: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contractor Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Location: Municipality: Town of Bow Island Subdivision Name: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Legal Subdivision: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West of: \_\_\_\_\_  
 Directions: \_\_\_\_\_

**Please Provide a Detailed Description of Work:**

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES
<input type="checkbox"/> Single Residential <input type="checkbox"/> Multi-family <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Skid Units <input type="checkbox"/> Other: _____	<input type="checkbox"/> New <input type="checkbox"/> Accessory Building <input type="checkbox"/> Ready to Move <input type="checkbox"/> Service Connection <input type="checkbox"/> Other: _____	Kitchen Sinks: _____ Bathtubs: _____ Basins: _____ Floor Drains: _____ Showers: _____ Grease Traps: _____ Laundry Tubs: _____ Bidets/Water Fountains: _____ Toilets: _____ Urinals: _____ Washing Machine: _____ Other Fixtures: _____ <b>Total:</b> _____

**FOIPP Notification:** The personal information required by the Town of Bow Island application forms is collected under the authority of section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act and section 63 of the Safety Codes Act. It will be used for processing permit applications, issuing permits, safety codes compliance monitoring and verification. The name of the permit holder and nature of the permit may be included on reports provided to the municipality or made available to the public as required or allowed by legislation. Please direct any questions about this collection to the Town of Bow Island at 403-545-2522 or 502 Center Street | Box 100, Bow Island T0K 0G0.

Journeyman's Name (print) \_\_\_\_\_ Journeyman's Signature \_\_\_\_\_ Homeowner's Signature (homeowner permit only) \_\_\_\_\_  
 Journeyman's Certification No.: \_\_\_\_\_ Homeowner Declaration: By signing this application I hereby certify that I own/will own and occupy this dwelling.

Office Use Only		
Permit Fee: \$ _____	SCC Levy: _____	Issuing Officer's Name: _____
Total Cost: \$ _____	(\$4.50 or 4% of the permit fee maximum \$560.00)	Issuing Officer's Signature: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque	Receipt No.: _____	Designation No.: _____
		Permit Issue Date (mmm/dd/yyyy): _____