



PLUMBING PERMIT APPLICATION
 Town of Strathmore
 1 Parklane Drive, Box 2280
 Strathmore, AB T1P 1K2
 development@strathmore.ca

Town of Strathmore
 Permit Label

Date of Application: _____ Estimated Start Date: _____
 Development Permit Number: _____ Est. Completion Date: _____

Accredited Municipality: Town of Strathmore Civic Address: _____
 Lot: _____ Block: _____ Plan: _____
 Part of: _____ ¼ SEC _____ TWP _____ RG _____ W _____ Meridian

Owner's Name: _____ Phone Number: _____
 Mailing Address: _____ Fax number: _____
 City/Town: _____ Prov. _____ Postal Code: _____
 Email: _____ Home Owner's signature _____
 Home 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 Acts and Regulations.

Contractor's Name: _____ Phone Number: _____
 Mailing Address: _____ Fax Number: _____
 City/Town _____ Prov. _____ Postal Code: _____
 Journeyman Class and Number: _____ Journeyman's Signature: _____
 Email: _____

Applicant's Name: _____ Applicant's Signature: _____
 Mailing Address: _____ Phone Number: _____
 City/Town: _____ Fax Number: _____
 Prov. _____ Postal Code: _____ Email: _____

*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 1 year unless otherwise noted.
 **The Permit Applicant acknowledges that No Refunds will be issued after Permit Issuance, the Plan Review process has been initiated, or for Permit Applications that have been pending in excess of 90 days due to lack of information or payment.

Project Information: please check one box from each of the lines below:
Type of Work: New Work Renovation Connection Alteration Other (Specify) _____
Intended Use: Institutional Industrial Commercial Residential Basement Development
 Garage or Accessory Building (shed) Other (Specify) _____
 If Institutional, Industrial or Commercial, does a Backflow/Cross-Control Connection device exist? Yes No
 If no, one must be installed as per Bylaw 19-19
 Value: (labour & materials): _____ Total Development Area: _____ ft²/m²
Plumbing: please indicated the number of fixtures:
 Kitchen Sinks: _____ Toilets (Water Closets): _____ Backwater Valve: _____ Laundry Standpipe: _____
 Wash Basins: _____ Floor Drains: _____ Sump Pump: _____ Hose Bibs: _____
 Bathtubs: _____ Auto Washers: _____ Bar Sinks: _____ Dishwasher: _____
 Showers: _____ Sprinkler Heads: _____ Other: _____ Specify: _____
Total Number of Fixtures: _____

Permit Fee: _____ Other Fee: _____ SCC Levy: _____ Total Fee: _____
 Payment Method: Cash Cheque Debit Visa Master Card
Credit Card Payment Information:
 Name of Card Holder _____ Card Number: _____
 Expiry Date _____ CVC Number _____
 (credit card information will not be forwarded outside of the Municipal Office)

Permit Validation Section and Permit Issuer's Information (to be completed by Permit Issuer)
 Date of Issue: _____ Name: _____
 Designation No: _____ Signature: _____

Protection of Privacy – The personal information requested on this form is collected under the authority of the Safety Codes Act, the Municipal Government Act and Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purpose of 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 public information and will be released to the public upon request. Direct any questions about this collection to the Town of Strathmore FOIP Coordinator at 403-934-3133, weekdays.