



Plumbing Permit Application

Park Enterprises Ltd.
#10, 491 W.T. Hill Blvd,
Lethbridge, AB T1J 1Y6
Phone: 1(800) 621-5440
Fax: 1(866) 406-8484
Email: contact@parkenterprises.ca

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

TYPE OF OCCUPANCY	TYPE OF WORK	NUMBER OF FIXTURES	
<input type="checkbox"/> Single Family Residential <input type="checkbox"/> Multi-Family Residential # of units: _____ <input type="checkbox"/> Agricultural (Farm) <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Other _____	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/ Alteration <input type="checkbox"/> Accessory Building <input type="checkbox"/> Basement Development <input type="checkbox"/> Service Connection <input type="checkbox"/> Annual Permit <input type="checkbox"/> Relocatable Industrial # of drops _____ <input type="checkbox"/> Manufactured Home/ RTM # of drops _____ Foundation Type: _____ <input type="checkbox"/> Other _____	Kitchen Sink: _____ Wash Basin: _____ Shower: _____ Laundry Tub: _____ Toilet: _____ Automatic Washer: _____ Bathtub: _____ Non-Potable Water System: _____ Other Fixtures (Specify): _____ Total # of Fixtures: _____	Floor Drain: _____ Grease Trap: _____ Bidet: _____ Drink Fountain: _____ Urinal: _____ Roof Drain: _____ Mop Sink: _____

FOIP Notification: The personal information required by the Town of Diamond Valley 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 Diamond Valley at 403-933-4348 or 301 Centre Avenue West, Diamond Valley T0L 0H0.

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. I am doing the work myself, and assume responsibility for compliance with the applicable Act and Regulations.

OFFICE USE ONLY

Other Permits Required <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Private Sewage <input type="checkbox"/> Not Applicable Permit Fee: \$ _____ SCC Levy: \$ _____ (\$4.50 or 4% of the permit fee maximum \$560.00) Travel Fee: \$ _____ Total Cost: \$ _____ Receipt No.: _____ <input type="checkbox"/> Invoiced <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC (attach signed credit card authorization form)	[Received Date Stamp] eSITE Permit No.: _____ Agency File No.: _____
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* Email address fields and legal land description are required to be completed. Please go to parkenterprises.ca for FAQs and application checklists.