

Plumbing Permit Application

BUILDING DEPARTMENT
 40 Broadway Avenue, P.O. Box 500
 Wawa, Ontario, P0S 1K0
 Telephone: (705) 856-2244 ext. 228
 Facsimile: (705) 856-2120



Plumbing Permit No.	_____
Plumbing Permit Fee	\$ _____
Receipt No.	_____

FOR OFFICE USE ONLY		
APPROVED BY:	DATE	ALGOMA HEALTH UNIT APPROVAL ATTACHED (For Septic System)
PRESENT ZONING	ROLL/SUB:	
PLAN	LOT	PARCEL
PART	LOCATION	TOWNSHIP
MINIMUM PERMIT FEE (Including one Fixture)		\$50.00
Number of Additional Fixtures _____ x \$10.00 each		
TOTAL COST OF PERMIT		\$ _____

PLEASE COMPLETE THE FOLLOWING:

PART A: APPLICANT'S PERSONAL INFORMATION

OWNERS SURNAME	FIRST NAME		MIDDLE INITIAL
HOME STREET ADDRESS	BOX NUMBER	TOWN/CITY	POSTAL CODE
HOME TELEPHONE NUMBER	FACSIMILE NUMBER		
PROPERTY LOCATION			

PART B: PLUMBERS INFORMATION

PLUMBER'S BUSINESS NAME	
MAILING ADDRESS	
LICENCE NUMBER	YEAR
PLUMBER'S NAME	

1. State what services are available on the property.

Sanitary Sewer Municipal Water Septic System Well

2. Is a Building Permit Required? Yes No

3. State Class of Building Residential Commercial Industrial Institutional
 Other _____

4. Present use of building:

5. Proposed use of building:

6. Type of Pipe to be used:

DRAINAGE SYSTEM	POTABLE WATER
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7. I hereby agree to conform to all provisions as set forth in the Ontario Building Code Regulations and municipal by-laws to the plumbing:

Construct Repair Renew Alter

DESCRIPTION OF THE WORK

PART C: PLUMBING INFORMATION

NUMBER OF FIXTURES	TYPE	SKETCH PLAN OF PLUMBING, INDICATING LOCATION OF FIXTURES, CELLAR DRAINAGE, WATER PIPES, TRAPS, CLEAN-OUTS, VENTS AND SIZES.
	Sewer Hook-up	
	New Piping	
	Vent Stack	
	Roof Drain	
	Floor Drain	
	Kitchen Sink	
	Wash Basin	
	Bar Sink	
	Drinking Fountain	
	Bath Tub	
	Shower Stall	
	Water Closet	
	Urinal	
	Bidet	
	Washing Machine	
	Laundry Tub	
	Slope Sink	
	Oil Interceptor	
	Grease Trap	
	TOTAL	

DECLARATION

All of the statements and representations contained in the attached documents filed in support of this application shall be deemed to be part of this application for all purposes.

I am the Owner or Authorized Agent of the Owner of the above application, and I certify the truth of all the statements and representations contained herein and attached hereto.

I agree, if a Plumbing Permit is issued, not to depart from the plans, specifications or building location proposed in this application.

DATE

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE